8 F 4 7 JUN	Rn	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	7244	
y be death	{TYPE	ORPRINT) Bobbi			June 2	7, 1987 12:43	3 /
Page 4 may be director, page 3 hours after death	3. SE	Female	White	5. DATE OF BIRTH		MONTHS DAYS HOURS YRS.	4 HRS
death.		RTHPLACE (STATE OR FOREIGN COUNTRY) TENN.	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED	P BALTIMORE CITY OR CO	County	MD.
hours after d in by the be filed with	U	ITY OR TOWN OF DEATH PESTIMENTS HERE AL DESIDENCE UP NUISSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	unty Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR PROPERS	V - 1	+
filler hould	130. 3	STATE 20 136/COUN	Roll Sykes	13d. INSIDE CITY LIMITS? YES M NO 15. MOTHER'S MAIDEN NO	130.STREET ADDRESS / ZIP	CODE 217	84
cuted within completely completel			MED FORCES? 166. SOCIAL SECU	FIRST	ADDRESS	LAST	
e pe exe		res, no oriunknown) (IF Yes, Giv	e WAR OR DATES) 223 52	2234 Howard 1	Anderson S	YKESVILE, Md APPROXIMATE INTERV. BETWEEN ONSET AND DE	/.
th certificat inding abyte carbonapp on more		PART I. DEATH WAS CAUSE	E CAUSE (0) ARPING	ARREST		BETWEEN ONSET AND DE	EATH
the death the attend remave cu emotion, a		Canditions, if any, which gave rise to immediate cause (a), stating the	(b) CNTRIC	DUAR FIBRILLA	102	/ HR	9
righed by I signed by I so burial, cre		underlying couse lost.	(c) 74(;	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	1966 N GIVEN IN PART 110	٠, د
been smit. The	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO	
physicic tificate il-transit tal Hygid		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF INJURY IN IT		
DING PHYSIC or other this cer e as the burior offth and Meriman marked or Iter	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION	CITY OR TOWN	COUNTY STA	ATE
TTEN spital CTOR: for us of He		saw the deceased alive on	tal) attended the deceosed from 19	and that in (my) (our) opinion	deoth occurred on the date an	that (I) (we do hour and from the couses state	
TAL OR AT WAL DIRECT AND THE HOSP RAL DIRECT HOSP CONTROL OF THE MALE OF THE O		X V.X O-	Me	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	G-29	-8,
TO HOSPITAL etained by the TO FUNERAL should be det with the State		R. V. HOUCK	Je.	6500 PANOR	AMA SYKE	SVILLE, MI	P.
BP		BURIAL, CREMATION, REMOVAL SEED JURIAL JNBRAL DIRECTOR	6-29-87 200 DATE	pringfild Cemetery	TE RECID NO REGISTRAR 255 R	Carroll ma.	ATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

DOOL JUNE 1987 JUNE 1987 JUNE 1987

A SOUTH THE THE WAR AND A STREET AND ASSESSED.

page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR		T OF HEALTH AND MENTAL HYGERTIFICATE OF DEATH	REG. N	1724	5
	CEASED NAME FIRST EORPRINT) Herman	Martin A	rrington	June 20	, 1987 YEAR	26. HOUR
3. SE	MARE	1. RACE WHITE 5. C	DATE OF BIRTH	6. AGE ANT SEARS LAST BIR	YRS. IF UNDER 1 YEAR	
7a. BI	RTHPLACE (STATE OR FOREIGN	1 / 4 1 1 4 1	ARRIED SEVER MARRIED DOWED DIVORCED	9 BALTIMORE CITY C	RRVLL	M
10.6	HWEY TOWN	11. NAME OF HOSPITAL, NURSING H		12g. USUAL OCCUPAT	OF WORKING LIFE) 12b. KIND	065
In the	AL RESIDENCE (IF NURSING HOME OF STATE 136 OUT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMINITY	13d. INSIDE CITY LIMITS? YES NO X	130, STREET ADDRESS	K. Hishway	, 2178
11. 5	ATTERS NAME	Mode Arringto	15. MOTHER'S MAIDEN NA	Gertin	de Ma	tin
	WAS DECEASED EVER IN U.S. AR YES, MODELLIKHOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY 2/9-07-2/	199 Bernetta	A. Arring?	ton Same	45 13
	PART I. DEATH WAS CAUSE	nly one couse per line for (a) (b), and (c) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ELL CANCE	n-LUN	16 APPROBETWEEN	XIMATE INTERVAL NONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT ((b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEAT		NINAL DISEASE OR CON	IDITION GIVEN IN PART 1	10
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	214. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, I	21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	220.1 certify the (this hosp-	ot) oftended the deceased from 19 87	ond that in (my) our) opinion	death occurred on the d	ote and hour and from th	, that (I) we) lo
	22h SIGN TURE	F. Sheely	hd. ATTENDING PHYSICIAN	MEDICAL STA	FF 6	ESIGNED
	224. PHYSICIAN'S NAME TYPE	Therly M. J.	220. ADDRESS Det	tisturg	Pa. 173	25
23a. E	BURIAL, CREMATION, REMOVAL	236. DATE 6-24-1987 St.	TOPE CEMETERY OF CREMATORY	VIA LOCATION NEW SIAN	Garage Carrol	11 Mil
24. FL	UNEDAL DIRECTOR	letele- & Son ADDRESS We	stainster 250 PJ	UN 24 1987	256. REGISTRAR'S SIGNA	ATURE CO.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove consonpoers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, gremation, or removal.

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Leonard J. Ruck, Inc. Baltimore, Maryland

MIDDLE

Thomas

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

CHARLES

I. DECEASED NAME

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BARBERA

Holy Redeemer Cem.

DIMETE

REG. NO 20. DATE OF DEATH MONTH

JUNE

YEAR

8

2b. HOUR

IF LINDER 24 HRS

21074

STATE .

6.1.87.

Baltimore City, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Grand . All Louist revision area.		traggraph (II.	
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i Comadi, yerreed To be	American Committee	100-10-013	~~~	
	Sugar Sv.	h. Z		
51/4			201	
Addition				-
	EAST ONLY	Maria del Tago	OF TEATER.	T. Herrinson

executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospital or

BP.

ottending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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				100.2

100	- STATE REGISTRAR	DEFAI	CERTIFICATE OF DEATH	REG. N	O.	69.4
	DECEASED NAME FIRST	WIOOFE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	Jame H. Beals			6-16-87		10.201
	. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR	
1	female	W	8 29 1916	70	YRS. 10 13	NOURS INT
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	Mile, a
OL	BAHO, Md.	U.S.A.	WIDOWED DIVORCED	CARROL	1 County	/
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT		OF BUSINESS C
	Sykesville Ma	I FAIRHAVET	n-7200 Third AVE.	Tenchez Ad	winistralas >	chool
	JOUAL RESIDENCE (IF NURSING HOME 30. STATE 136 90	OR OTHER INSTITUTION, GIVE RESIDENCE BEI		13 STREET ADDRESS	/ Z/P.CODE	21780
	1.14.	TREOII DYKES	VIIIC YES NO [1800 7	hird five	
	FATHER'S NAME	MIDDE C LAST	15. MOTHER'S MAIDEN NA	WIBDLE	- 1A	s'7
*	William	B. Beal	5 /I/ARY	ADDR	1AY	10R
medico	60 WAS DECEASED EVER IN U.S. (YES, NO OR (INKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SE	2112	Q. 1 <	2 12 21	ml
E /	No -	34% %	84890 Josephine	Dens 9	ykesville,	1110-
÷,	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly ane cause per line far (a), (b),	andles 1		BETWEEN	XIMATE INTERVAL I ONSET AND DEAT
ven ven		HATE CAUSE (a)	statte was carre	rema		
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roum	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEC	and obstaction &	my due	10	
-	couse (o), stating the	CHETO OBAS A CONSE				
č		DUE TO, OR AS A CONSEC	QUENCE OF			
roth	underlying cause last	(c)	QUENCE OF			
jury, or oth	PART 2 OTHER SIGNIFICAN	(c)	ODEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1	la
ny injury, or other	PART 2 OTHER SIGNIFICAN	(c) IT CONDITIONS <u>CONTRIBUTING</u> 1			20b. IF YES, WERE FINDI	INGS USED
ws ony injury, or other	PART 2 OTHER SIGNIFICAN	(c) IT CONDITIONS <u>CONTRIBUTING</u> 1	O DEATH BUT NOT RELATED TO THE TERA	200 AUTOPSY?	20b. IF YES, WERE FINDI	INGS USED S OF DEATH?
S shows ony injury, or other	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERMICH OPERATION WAS PERFORMED	200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	INGS USED
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or Hem	Underlying cause last. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION	19b. CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH INER)	CO DEATH BUT NOT RELATED TO THE TERMINATE OF THE TERMINAT	200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES THE STATE OF PART 2)	INGS USED S OF DEATH?
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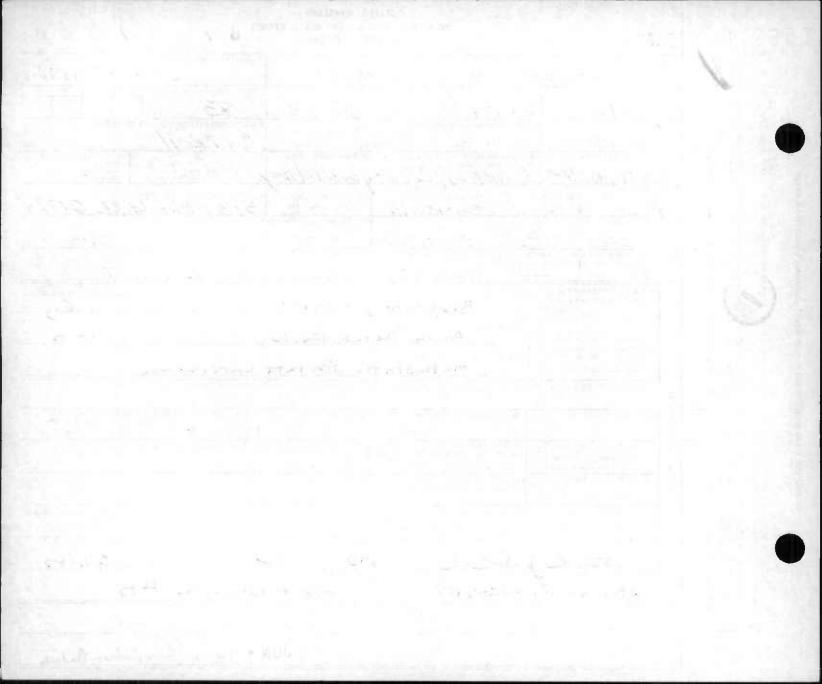
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
CERTIFICATE OF DEATH	

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	REG. NO.					-

501 Ju		FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	REG. NO.	7248
decet 3		CEASED NAME FIRST OR PRINT) WALTER	MIDDLE V.		INETT	20 DATE OF DEATH MONTH	11-87 1520 M
age 4 ma irrector, po urs after o	3. SE.	MAIE	White	S. DATE C	PERTH DAY O'SAR	6. AGE (IN YEARS LAST BIRTHDAY)	
deoth. P.		MARYLAND	U.S.A.	WIDOWE		P BALTIMORE CITY OR COUN	MD.
in by the refiled wife	41	ESTMINSTER AL RESIDENCE (IF NURSING HOME ORG	1. NAME OF HOSPITAL, NURSIN	DUNT+	4 GENERAL HAS	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING POSTMASTER	G LIFE) 126. KIND OF BUSINESS OR GOVERNMENT
hin 24 ho shauld be shauld be	13a. S	THER'S NAME	IY 13t. CITY OR TOV		13d INSIDE CITY LIMITS? YES NO X	313 ANNA	DEANE 21784
complete on 1 and 2 and		FIRST	BERT BENNETT,		NANNIE 17. INFORMANT	MIDDLE ADDRESS	STEM
e be execution and co		res, no or unknown) (IF yes, give	war or dates} 220-07-	7271	Nannie Ryan	Sykesville, N	
ma physical properties of the company of the compan		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE 10) CESPIC	advir			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death I by the afternoose remove co ose remove co os, cremation, a		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) Me Fac	ENCE OF		Carcinome	1-5
requires an signed Then pli or to buri	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (SIVEN IN PART 110
The low ion. It permit jene prio	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO		YES NO X	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: ag physic certificate and Hyge entol Hyge leem 18 sl	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	TS PART I ORPART 2)
r ottending After this as the builth and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND ospital ar		220.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not)		, or		, to deoth occurred on the date and l	
by the hr by the hr ERAL DIRE e detoche Stote Dep		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OF	Soll		DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Collibra
TO HOSPITAL retoined by 1 TO FUNERAL should be de- with the Stote	22- 5	Stephen J	. Sittorsti	NAME OF C	218 N	ashersh. 7.	++>
ВР	-	BURIAL			'IELD CEMETER'	SYKESVILLE (CARROLL MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FU	INERAL DIRECTOR HAIGHT FUNERAL	HOME SYKESVILI	E, MD	11.11	P 1 2 1987 Julia	Deviden Randars



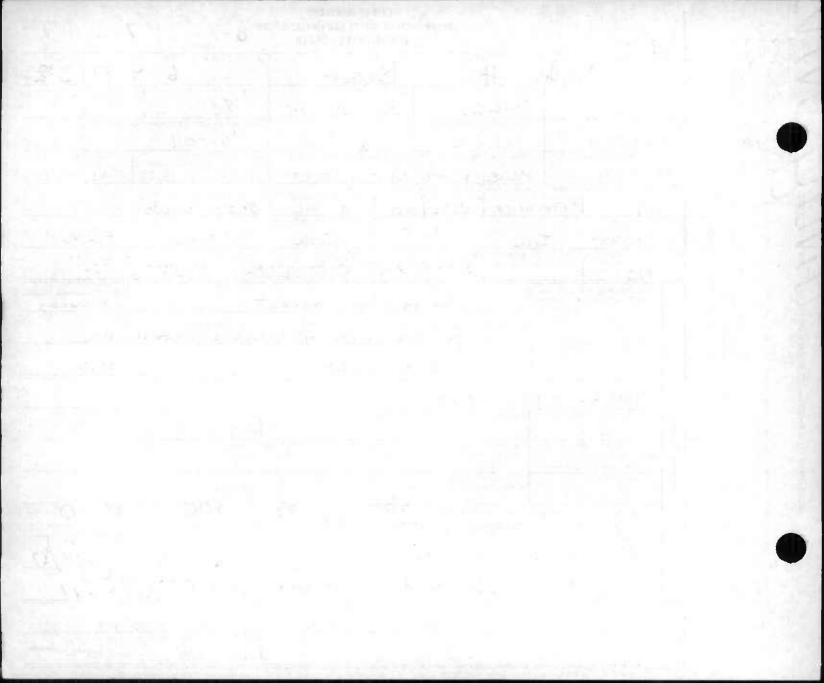
HARTZLER

WOODSBORO

STATE OF MARYLAND

8	REG. NO.	1	7	2	4	
1	REG. NO.					

0 1 7 Jul	1.	FOR STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. NO.	17	2 4 9
oge 3		CEASED NAME Clyde	- HENRY	B	oser	20. DATE OF DEATH MONTH		37 330 M
ge 4 may ectar. po	3. SE	Male	Cauc.	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
marz hou		"Country land	L.S.A.	WIDOWE		9 BALTIMORE CITY OR COI	UNTY OF DEAT	TH MD.
by the fulled with	j)	1+. Airy	11. NAME OF HOSPITAL, NURSI AIF NOT IN SUCH FACILITY, GIVE STREE PLOSANT VICU	D Nur		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK MACHINE OPERA	ING LIFE) INDUS	ND OF BUSINESS OR STRY VY EQUIPMEN
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ompletely send 2 s		ATHER'S NAME POOSE I	AND BOOS		15. MOTHER'S MAIDEN NAM	Mal	F	-ogle
on and c		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 213-10	URITY NO.	BETTY J MECI	ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	D_ #1 B GLEN R	OX 128
g physici onpoper emaval. event, tit		PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), and BY: E CAUSE (a)	obitor,	tory arres	+		PPROXIMATE INTERVAL WEEN ONSET AND DEATH WHO WEE
e attendin move corb nation, ar troumatic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	ple "	ruptured U	isus abdor	en H	43.
ed by the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU		COLON			YR
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The law	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICE	1 OPERATIO		YES NO	ERTIFÝING CA YES 🗍	INDINGS USED USES OF DEATH? NO
SICIAN: ag physic certificat rial-tran ental Hyu	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITE	M IB PART I ORPAI	RT 2)
ottendir otten this so the but h and M	MED	21d. INJURY OCCURRED WHILE ON WHILE OF WORK	21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUN	TY STATE
spital or CTOR: A for use of of Healt		220.1 certify that (1) (this haspit saw the deceased alive an abave (1) (we) (did) (did not	al) attended the deceased from,	3/25	nd that ir (my) (aur) apinion	death accurred on the date an	, 19 <u></u>	m the causes stated
AL OR A AL DIREC detached ate Dept.		226. SIGNATURE)	Jker Den w	0		MEDICAL STAFF DIRECTOR PHYSICIAN		Co 4
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:		WELVIN	1. KORDON	Wy)	2000 CRUH	ury PIAZA C	wy z	116
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL			EMETERY OR CREMATORY ILL CEMETERY	23d LOCATION CITY OR TOWN WOODSBORO F	COUNTY	CK MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME D D HADTZI ET	ADDRESS	O MD		E REC'D. BY REGISTRAR 256 R	EGISTRAR'S SIG	CHATURE PARAMETER



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH YEAR 26 HOUR IF UNDER 1 YEAR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR 92 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 126. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY maker 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES | NO D imber 15. MOTHER'S MAIDEN NAME MIDDLE Stover 17. INFORMANT Westmail APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YES, WERE FINDINGS USED 28h. IN CERTIFYING CAUSES OF DEATH? YES NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 21f LOCATION COUNTY STREET STATE

(TYPE OR PRINT) 4. RACE Female Aucasien 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION View USUAL RESIDENCE (IF NURSING HOME OF OTHER INSPITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b-COUNTY 13c. CITY OR TOWN Westminster Arroll 4 FATHER'S NAME MIDOLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 77076 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) Ithis hospital) attended the deceased from saw the deceased glive an above, (I) (we) (did) (did nat) view the bady after death. and that in (my (aur) opinion death accurred on the date and haur and from the causes stated 77h SIGNATURE DEGREE 22c DATE SIGNED STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME 230 BURIAL, CREMATION, REMOVAL 236 DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deto with the Stote [

MPORTANT

24 FUNERAL DIRECT

FOR

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FIRST

DECEASED NAME

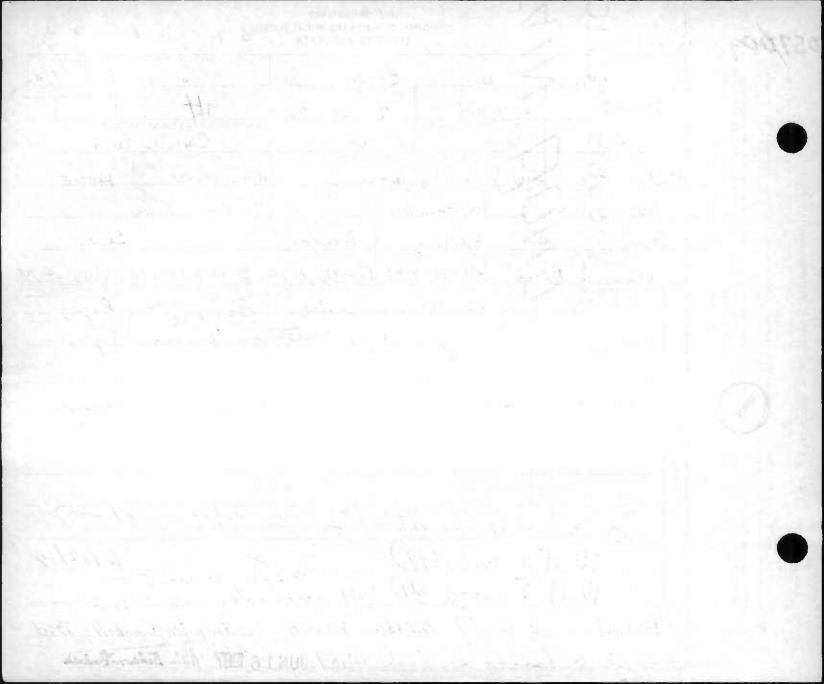
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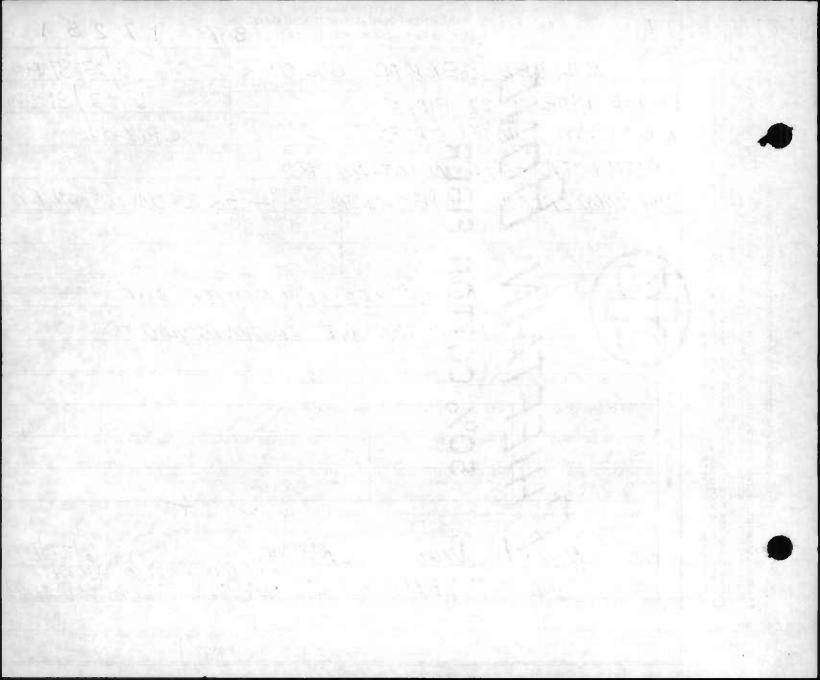
certificate

BY REGISTRARIZED REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE INER'S CERTIFICATE OF BATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED DATE 2d HOUR PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED 170. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Teacher 13e STREET 201 W. PRESTON ST., BALTIMORE, MD. IS. MOTHER'S MAIDEN NAME MIDDLE LAST FIRS1 FIRST German Blanche Burton Grant 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 12410 Regwood rd. DIVISION Ron Standiford. Hydes, Md. 21082 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER, DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CARTIOVAX, VIAR TIL Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost DIVISION OF VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION SHOULD 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO [71g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. CITY OF TOWN STATE COUNTY 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion Undetermined manner death resulted free ACTUAL TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Md. Burial 6-30-1987 Waugh Chapel Ch. Cem. Glen Baltimore 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** E.F.Lassahn, 11750Belair Rd. Kingsville, Md. 21087

(VR A15 ME (5)



STATE OF MARYLAND

1	FOR	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE O		
5	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	. 17	252
	CEASED NAME FIRST	WIDDLE	LAST	26 DATE OF DEATH	MONTH DAY YE	AR 26. HOUR
(1)46	Thoma	EDGAR	Burgoon JR.		6-10-8	7 2305 m
3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		
1	MALE	WHITE	09 28 1908	18	YRS.	DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OF	R COUNTY OF DEAT	H
	PENNA	U. SA.	WIDOWED DIVORCED		CARROL	L MD.
10. C	ITY OR TOWN OF DEATH 25thinster	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS) LU GENERAL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		ND OF BUSINESS OR STRY BUILDING
	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU		FORE ADMISSION 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	1	21102
14. FA	ATHER'S NAME		15 MOTHER'S MAIDEN NA			
	THOMAS	EDGAR BUR	FLOI	RA M.	W17	ITTOCK
	VAS DECEASED EVER IN U.S. A		ECURITY NO. 17. INFORMANT	3265	SS YORK	37.
(YES, NO OR UTKNOWN) (IF YES, G	219-12	-0242 ADA E. BUR	600N MANE	HESTER,	MD 2110:
	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSE	DIAC ARRE	Di Scare	- 11	PPROXIMATE INTERVAL
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN IN PA	RT 1ro
CERTIFICATION	190. DATE OF OPERATION	CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAI	RT 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f LOCATION STREET	CITY OR TO	WN COUN	TY STATE
	saw the deceased alive a	pital) attended the deceased from	om 8, 19 8 , 19 8 , 19 9 , and that in (my) (our) opinion	death occurred on the do	19 &	, that (I) (we) last in the causes stated
	27h STONIATURE		DEGREE	MEDICAL CTA		DATE SIGNED
	Colivad	0-0-1		DIRECTOR PHYSIC		6-10-87
	CHITRA CHED	DY NAGANN	A 700 A poole	rd wer	treninter	MD 21157

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. injury, ar ather traumatic event, the medical

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

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etely filled in by the funeral directar, page 3 3.2 shootd be filed within 7.2 hours after death

within 24 hours after death. Page 4 may be

DHMH - 16 60M 7/84 (VRA 15, 4)

236. DATE June 23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

ECHHARDIONESS FUNEPHI MANCHESTER, MY

STER REFORM MANCHESINAL CHARLES IN THE CHARLES IN T 23c. NAME OF CEMETERY OR CREMATORY

THOMAS SERVE I STORY TO SERVE STORY Same the fact of the course of the first of

056503 JUN	1	FOR - STATE - REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8 7	17253
s after death. Page 4 may be by the funeral director, page 3 iled within 72 hours after death heithid a face.	3. SE	Female IRTHPLACE (STATE OR FOREIGN COUNTRY) MISSISSIPPI	R. T. CAMMARATA 1. RACE 1. DATE OF BIRTH White April 12, 1918	20. DATE OF DEATH JUNE 6. AGE (INYEARS LAST BIR 6. 9 9. BALTIMORE CITY O CARRO) 120. USUAL OCCUPATI	MONTH DAY YEAR 15 HOUR 12. 1987 S. 15 M STHOAM IF UNDER I YEAR IF UNDER 24 HAS. WAS DAYS DAYS HOURS MIN. OR COUNTY OF DEATH COUNTY MD.
MARYLAND 212 ted within 24 hour melt if filled in only shoold be f	14. F.	ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. AF YES, NO OLUNKNOWN) (18 YES, GO	NOTE STATE OF THE PROPERTY OF	5817 U	RIP CODE 2178 RESTENESTER HILL CT
DS, 201 W. PRESTON ST., BALTIMORE, quires that the death certificate be treatly signed by the offending physician and hen please remave carbanicopers. Carbanicopers to burial, cremation, or remarkful jury, or other troumatic event, the medical	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	nly one cause per line for (a), (b), and (c), l ED BY: UTE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN		DITION GIVEN IN PART II
DIVISION OF VITAL RECOR	MEDICAL CERTIFICATION	saw the deceased alive an	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET 51tol) attended the deceased from 2 3 8 , 19 8 6	CITY OR TO	WN COUNTY STATE
TO HOSPITAL OR A retained by the has TO FUNERAL DIRECT Should be detached with the State Dept.	1	22b. SIGNATURE Mu	DEGREE WATTENDING DEGREE WATTENDING PRINT) L. Cenne 711W, 40	MEDICAL STAIL DIRECTOR PHYSIC LIVE TON DIRECTOR DIVENTE DIVEN	Batto, MD, 71211

Statement to the specific of the state of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) 3. SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH QQ 9 BALTIMORE CITY OR COUNTY OF DEATH 78 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY STATE ITS OF TOWN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES [NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE MIDDLE FIRST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! NC 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: mimuca IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF after Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF Adinocarcinome underlying couse last. þ ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION 'n COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 1 certify that (1) (this haspital) attended the deceased from DIRECTOR saw the eccased alive on the body after death and that in fau (aur) apinian death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE MEDICAL ATTENDING should be deta with the State [DIRECTOR PHYSICIAN MPORTANT 77e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

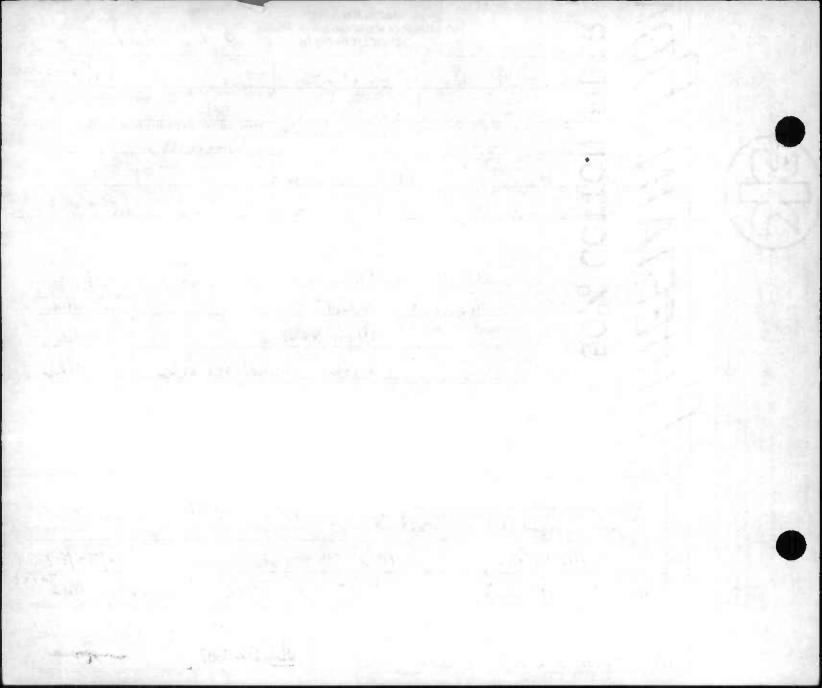
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24 FUNERAL DIRECTOR FIH BOX 195 SYKESVILL:

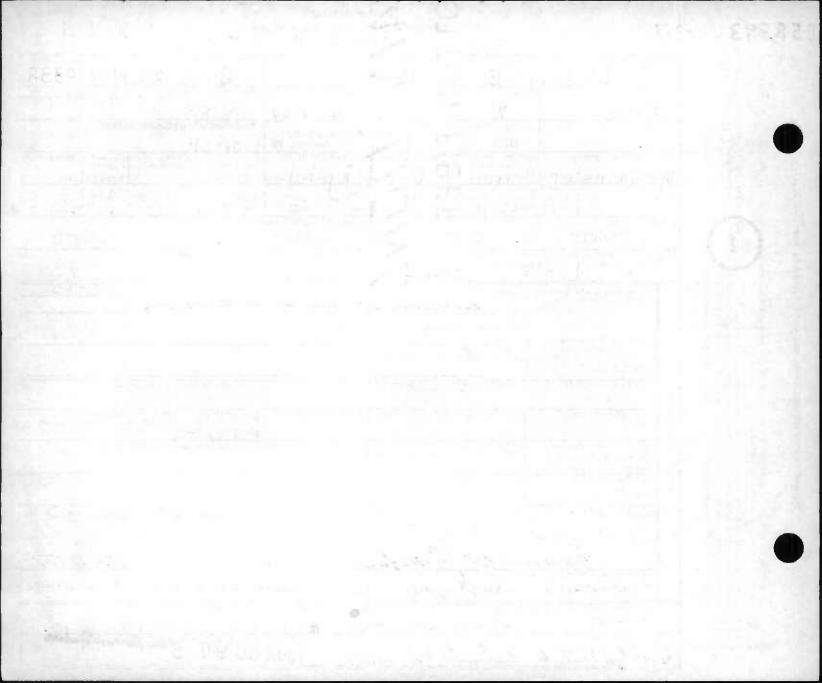
23b. DATE

230. BURIAL CREMATION, REMOVAL

TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



					STATE OF MAR	RYLAND				
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may be page 3 er deoth	(TYPE	CEASED NAME FIRST OR PRINT) Lindsa	NE	VIDDLE	Loo K		JUNE	22	,1987	26 HOUR 0338M
s after	3. SE.	Male	MRACE W	AND COUNTRY	5. DATE OF BIRTH	YEAR 1904	6, AGE (IN YEARS LAST B	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
decath. P	1	RTHPLACE (STATE OR FOREIGN OUNTRY) TY OR TOWN OF DEATH	USA	WHAT COUNTRY?	MARRIED NEV	DIVORCED	Carroll 120. USUAL OCCUPAT			MD OF BUSINESS OR
O Sports	W	estminster	Carro	H FACILITY, GIVE STREET A	en. Hos	pital	(TYPE OF WORK FOR MOST Farmer	OF WORKING LIFE	farm:	ing
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(1 Y6	Ď	CALVIN VAS DECEASED EVER IN U.S. AI		COOK LAST		MÖLLIE	E MIDDLE)Fcc	DA	NNER
			VE WAR OR DATES)	21.4-20-		adys Co				MATE INTERVAL ONSET AND DEATH
equires that the death certification is signed by the attending phy. Then please remove corbangor it build, cremotian, or immerializiny, or other traumotic events.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	ATED TO THE TERM	INAL DISEASE OR COR		EN IN PART 10	a,
nos bee	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH (DPERATION WAS PE	RFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	NGS USED S OF DEATH?
PHYSICIAN: The le ending physicion. This certificate has the buriol-transit per and Mental Hygiene d or frem 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	ATH HOUR A.	m. month da m.	Y YEAR 19 211 LOC		RED (ENTER NATURE OF INJ	URY IN ITEM 18 P.	ART 1 OR PART 2)	
DING Phore or after the eosther alth and marked of	ME	WHILE NOT WHILE AT WORK AT WORK 120.1 certify that (1) this hasp	(AT HOME, STR	PEET, FACTORY, OFFICE, FA		19.37		2-2_	COUNTY	tha (1) (ve) lost
HOSPITAL OR ATTE		saw the deceased alive above (I) Dive) (did) (pid fill 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	at Driew the bady	21 195	DEGREE 2/smm 22e. ADD	ATTENDING PHYSICIAN P	MEDICAL ST.	AFF CIAN []	Col:	SIGNED
BP		Surial, Cremation, REMOVA	23b. DATE 6-24	0.57	ame of cemetery	me m oria:	23d LOCATION CITY OR TOWN 1 FINKSBU	RG CA	COUNTY RROLL	STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)	Ro	Bert Kyle Prills A	h. West	minister Mel	21157	JUN	E REC'D. BY REGISTRA	R Mb. REGIST	Portugation of	(MECCALIFE



23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial June, 19, 1987 Pleasant Grove Cem. Boring. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE A FUNERAL DIRECTOR Manchester. Md. (VRA 15, 4)

STATE OF MARYLAND

2b. HOUR

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126 KIND OF BUSINESS OR

21155

BETWEEN ONSET AND DEATH

NO

STATE

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COUNTY

22c. DATH SIGNE

DHMH - 16 50M 4/82

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ID 21201	4 hours of	ing paysician and campletely filled in by the funeral director, page 3 pages. Pages 1 and 2 should be filed within 72 hours after death	miss be withed	1000, 130. S	AL RESID
MARYLAN	ed within 2	mpletely fill and 2 shau	De de mines	14. FA	THERE
TIMORE,	be execut	on and ca	t, the medical	16a V	VAS DEC
N ST., BAI	certificate	bonpape	incessed, it		18. CAL PAF
IS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	uires that the death certificate be executed within 24 haurs after death. Page 4 may be	-	her trauma		Condi gove couse under
5, 201 \	uires tha	signed by	o buriol ury, or a	z	PART 2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.	- 2		lin	-5

		REGISTRAR				CERTI	ICAIL OI L	LMIII	REG.	NO.	Com	10 April 10	4
		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOU	R
I	(TIPE	OR PRINT)	ROYAL	w		DAY				6 14	1987	1520	6 M
	3. SEX			4 RACE		5. DATE C			6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER	
1		MALE		WHOTE		MONTH	09	1900	87	YRS.	AONTHS DAYS	HOURS	MIN.
d		RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	N		9 BALTIMORE CITY		OF DEATH		
2		MD.		USA		WIDOWE	-	VORCED [Carroll	Count	Y		MD.
9	We	stminst	cr	Carro		ADDRESS)	en eva	THUTION	TYPE OF WORK FOR MOSE	T OF WORKING LIFE	126. KIND C INDUSTRY FA	RM	SSOR
	13a. S	aryland	NURSING HOME OF		13c. CITY OR TOW	N.	13d INSIDE C	NO D	13e.STREET ADDRES		(ingla RD	211	57
		THER NAME JOHN	1	MIDDLE T.	DA Y LAST			S MAIDEN NAM		REE	ESE (AS	st	
1		AS DECEASED E		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMA			RESS			
	{1	ES, NO OR UNKNOW!	N.	ONE	218-14-	9685	ETHEL	. M. D.	AY 13e	21	157		
		18. CAUSE OF D PART I. DEAT	H WAS CAUSE	nly ane cause per ED BY: TE CAUSE (a)	line far (a), (b), and	19					APPROX BETWEEN	MATE INTER	VAL
		B		DUE TO, O	R AS A CONSEQUE	NCE OF	Are		1 2022 1				
		Conditions, if		(b)	Awero	fele	silon	Card	nosonoi	aj	4		
		couse (a), s	tating the	DUE TO, OI	r as a conseque	NCE OF			3) (genn			
		underlying c	ause last	(c)									
	NO	PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	UNR M	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	The Wir	HOART I	a	
1	CERTIFICATION	190 DATE OF OP	ERATION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		, WERE FINDIN YING CAUSES		H?
		210. ACCIDENT WA	CAUSE OF DE	ATH HOUR A.	M. MONTH DA		21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF IT	NJURY IN ITEM TO PA	RT 1 OR PART 2)		
1	MEDICAL	21d. INJURY OC	MEDICAL EXAMINE	P. P		19	21f LOCATIO)N					
1	WE	WHILE TO NO	OT WHILE		EET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OF	IOWN	COUNTY	51	TATE
			t (I) (this hash	ital) attended th	e deceased from_	6	12-	10 8 7	10 6-	14-	081	that (I) (w	ve) lest
1		saw the de	ceased alive or	6-1	4 - 19	€ ⊃ ar	nd that in (my)	(aur) apinian d	leath occurred on the	date and havi	,	, ,	
1		22b, SIGNATURE		+ view the body	ofter death.	0	DEGREE				22c. DATE	SIGNED	
		Coli	Wad	Moder	Napa	my		ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [6	15/8	7
		22d PHYSICIAN	S NAME (TYPE	OR PRINT)			22e. ADDRES	S	Tel 0 0 -	may	Yara loo	15. K	10
		CHITI	LACUT	37)4	NAGA	NNA	100	AP	ove 14	1 WOX	91	FI	7
	23a B	URIAL, CREMATI	ON, REMOVAL				EMETERY OR	CREMATORY	23d LOCATION		COUNTY	377	TATE
		SPECIFYIB URI		6-17-	87 EV	ERGR	EEN		FINKSB	URG CA	RROLL		
	24 FU	MAME DIRECTO	R	14.0	ADDRES	-+	201	25a. DATE	REC'D. BY REGISTR.	AR TO REGIST	RAR'S SIGN	URE	,
	1	obert	Tyle oru	lato.	Westme	usley	, Md.	JUL	23 1987	The same	Limber . s	1	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed It should be detached for use as the burial-transit permit. Then pleat with the State Dept. of Health and Mental Hygiene prior to burial. IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar

retained by the haspital ar attending physician.

58088	30	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 7	7 0.	7 2	5 8
9 65		CEASED NAME FIRST Walte	WIDDLE			AST	20. DATE OF DEATH			2b. HOUR
oy be	0.05			·a		sey		24, 19		12 P. M
ge 4 meetor, p	3. SE	Male	White		5. DATE O	e 19, 1918	6. AGE (IN YEARS LAST	YRS.	D B	HOURS MIN.
Perol di n 72 ho	7d. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT U.S.A		MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O		MD.
by the fy		Woodbine	7016 WOO	TAL, NURSIN ITY GIVE STREET	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPA (1YPE OF WORK FOR MOS Truck Dr	TION TOF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
n 24 hour	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN CAP)	17Y 13c, C	SIDENCE BEFORE ITY OR TOW lood bi	Ν	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 7016 WO	s/zip code odbine	Road	, 2179
BALLIMOKE, MARYLAND 212D The be executed within 24 hours whicion and completely med in by pers. Pages 1 and 2, maint be file pol. the medical examine must be the must		Edward		orsey		15 MOTHER'S MAIDEN NA Elizabeth	E.		Ras	У
be executed on ond constant of the secure of		VAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (1E YES, GIV	1327 4 C C C C C C C C C C C C C C C C C C	OCIAL SECU 4–16–		Madeline I		, Same		13
4 502 5		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line fo D BY: E CAUSE (a)	ir (o), (b), one	rule	ymany Avre	est			MATE INTERVAL NSET AND DEATH
death cert		Conditions, if any, which	DUE TO, OR AS A	CONSEQUE	NCE OF	Ling Car	ree		no	nthe
other results		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A	CONSEQUE	NCE OF	0				
RDS, 20 Paurites Then pit to burn infury, o	NO O	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRI	BUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION GIVEN	IN PART IIo	
he low of the permit of the prior	CERTIFICATION	196 DATE OF OPERATION	19b. CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFY IN	VERE FINDING NG CAUSES O	GS USED OF DEATH?
VISION OF VITAL RECORDS G PHYSELIAN. The law-requirate-day and anticontraction has been equirate business and mental Hygiene prior to it wed ou them JB shares any main.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM TS PART	I OR PART 2)	
MISSION offerstanders of the fact that of the fact the fact the fact the fact that the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF IN.	TURY CTORY, OFFICE, FA		21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
TTENDIN and or for use of Health		22a. I certify that (I) (this hospin sow the deceased alive on above, (I) (we) (did) (did no	5-14	1- 198	7	d that in (my) (aux) opinion	, 10			hat (I) (we) lost ouses stoted
At OF A the host At DIRECT AT DIRECT AT I I hem		22b. SIGNATURE WX	ME van	MO		DEGREE ATTENDING PHYSICIAN D	MEDICAL ST	AFF SICIAN []	12c. DATE S	4-87
O HOSPITAL content by 1 Could be de int the State			CEVOY, MI		Le	220 ADDRESS P.O. Box 1229			2/78	4
BP		BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 6-26-19			t Grove	23d. LOCATION CITY OR TOWN		ederi	ck, stalld
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	ineral director W. Bu	rrier, J	raposeSj	kesı	ville, Md.	N 26 BY REGISTRA	AR 21 REGISTRA	R'S SIGNATU	nd st.

als, 1981 18 B.	entité	10:10			
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00 110				.1.2.15	Dasiyanı
		acio.		Play	-gidleon)
erts whom sittands	Devil 6		Military .	Cloung	
218	theor.	2117	Name		beautie
Et en amin .	previou . Fept	Tetrak BSC	214-15-1		68
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W John Irro					

Cheeter & Duration Ja Classes Line

injury, or other traumatic event, the medical

STATE OF MARYLAND

Ji.	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	" ! /	2 3
	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYP	EORPRINT)	RLAND E	veLeigH	6	2687 6/39 M
3. SE	X	1 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	F	W	03 28 1913	74 YRS.	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	Y OF DEATH
No.	anda	4.7.14.	WIDOWED DIVORCED	(6-10//	MD.
10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b KIND OF BUSINESS OR INDUSTRY
W	estminster	PROTHER INSTITUTION GIVE RESIDENCE BEFO	by General Hospita	L Retired.	JOLIA DENVIC
	STATE 136 COU	JNTY 13c. CITY OR TO	WAN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	E 21/57 11
14 F	Md- CAR	ROLL WESTM	15 MOTHER'S MAIDEN NA	630 LACADAN	gh MIZE No.
	Herry Lo	Willerd Bila	ad Emily	E a MIDDLE	Harman
	WAS DECEASED EVER IN U.S. AI YES, NO DESERVINOWN) (IF YES, G	IVE WAR OR DATES)	- 1920 Laure H	16- H Same	cs 6'13
		only one couse per line for (a), (b), a	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS IMMEDIA	ATE CAUSE (o) ACC	ITE RESPIRATE	DRY INSUFFICIE	ner Houses
		DUE TO, OR AS A CONSEQU			1_
13	Conditions, if ony, which gove rise to immediate	(b) He	UTE PNEUMONITI	2	Stort.
- 1	couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF		
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	ANIAL DISEASE OR CONDITION OF	VEN IN CARY I
Z	CHEDNIC O	KOTRUCTIVE G	PULMONDRY DISE		VEN IN PART TO
CERTIFICATION	19a DATE OF OPERATION	7	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
Ě					FYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART ?)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19		
WED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK				45-
	22a. I certify that (1) (this hasp saw the deceased alive or	pital) attended the deceased from	, ond that in (my) (our) opinion	,	19, thot(l)_(we) lost
	obove, (1) (we) (did) (did no 22b, SIGNATURE	not view the body ofter death.	DEGREE	and the date and had	22c. DATE SIGNED
	Thursday	Serous 1	ATTENDING PHYSICIAN [MEDICAL STAFF	6/26/87
	VINCEL T	J. Fibee	J. Ancho-	St. Westniz	ter Rd. 2/15.
23a	BUMAL, CREMATION, REMOVAL	6-27-87 C	NAME OF CEMETERY OR CREMATORY	23d LOGATION Gity OR TOWN	County / / fact.
24 E	HAMES O. HET	the of SOA ADDRESS	hestaister 250 JA	NEESO BY REGISTRAR 256, REGIS	TRAP'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

then total that the first them Marie J. Fr. J. Hall S. Lister to All 240 deoth certificate

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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/	1	/	Car	0	Book
PEG NO		- 5			- 10

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Willia	am Henry	Franklin	6-1	0-1987 1 P. M
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR IF UNDER 24 HRS
Male	White	4-6-1903 YEAR	84 YRS	2 4 HOURS MIN.
7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Carroll Co	O., MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	OF HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Westminster	1826 Ridge Ro	ad	Machinist	INDOSTRI
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY [13c. CITY OR TOW	E ADMISSION) /N \$13d. INSIDE CITY LIMITS	? 13e STREET ADDRESS / ZIP CO	DE
	roll Westmin	ster YES NO X	1826 Ridge I	Road, 21157
14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN		LAST
Luther	Frank			Grimes
160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		ADDRESS	
No	213-16-	0909 Gertrude	C. Franklin, S	
	only one cause per line for (a), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIA	ATE CAUSE (0) CONGESTI	VE HEART FA	ILURE	MONTHS
	DUE TO, OR AS A CONSEQUE			
Conditions, if any, which	(ENCE OF		
gove rise to immediate	(p)			
couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF		
and the state of t	(c)			
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TO	erminal disease or condition (SIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	The configuration for white	OPERATION WAS PERFORMED	20g AUTOPSY? 20b IF	YES, WERE FINDINGS USED
S IN DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	100 AUTOPSY? 100 IN CER	TIFYING CAUSES OF DEATH?
II.		T.,		YES NO
	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
I IF EITHER NOTIFY MEDICAL EXAMIN		19		
OR CONTRIBUTING CAUSE OF D IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK				
22a.1 certify that (I) (this has	n MAY 22, 19		. 10	_, 19_ <u>S</u> , that (I) (we) lost
	ot) view the body ofter deoth.	, one me (m), (cor, op.	ion death occurred on the date and h	
22b. SIGNATURE	101	DEGREE	G MEDICAL STAFF	22c. DATE SIGNED
Wohn.	aug, -	ATTENDING PHYSICIAN	MEDICAL STAFF	6/11/87
22d PHYSICIAN'S NAME (TYPE	0 - 0	22e. ADDRESS 52	4-B BALTIMORE	BOULBARD
MrThur L.	RUDO, MD	WESTMINS	STER, MARTLAND	21157
23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR		COUNTY
Burial	6-13-1987 St			Carroll, Md.
24. FUNERAL DIRECTOR	Aphressa		DATE REC'D. BY REGISTRAR 11.6. REG	ISTRAR'S SIGNATURE
Charles W. Bu	urrier, Jr., Syk	esaitte' Ma' AA	N. IROPESSION	1

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit with the State Dept of Health and Mental Hygiene pries IMPORTANT: If them 21 is marked or tem 18 shows on

this certificate has be

TO FUNERAL DIRECTOR: After

TO HOSPITAL OR ATTENDING PHYSICIAN: The

the secretary	allier genal pelli
	THE P. L. STATE STATE OF THE PARTY OF THE PA
	The Person of th
#alation.	AND STATE STATE OF THE PROPERTY OF THE PARTY
TRAIS Check easts Will	x - The rest on the most of the property time is the in-
	milima militare
The name of the more of	
. District Control of the Control of	Marie de la companya

				STATE OF MARYLAND		
57222	21.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	1726
by be oge 3 death		CEASED NAME FIRST	IN FLE	54 LAST	20 DATE OF DEATH MONTH	11 00 10 0
4 mar	3. SE		1 RACE CAUCASIAN	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
age age	_	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	3 9 26	9. BALTIMORE CITY OR COL	RS CEREATH
eath, r		COUNTRY) ARYLAND	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	CARROLL CA	
s ofter d		STAIRSTER	(IF NOT IN SUCH FACILITY, GIVE STE	ISING HOME OR OTHER INSTITUTION REET ADDRESS) MURSING + CONTALES CEN	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORK	
thin 24 hours	13a. S	ARYLAND CARS				CODE
and a pole of the contract of	0	HARLES RA	MIDDLE MAIGH	HTSON MILDRES	MARIE	anknown
n and cal	16a V	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SE SIVE WAR OR DATES) 2/4-2/		ADDRESS	WESTMINSTER, M.D. VICE COURT 21157
requires that the deat en signed by the otter i. Then please remaye or to burial, cremation, injury, a retifer troum	TION	CUSHING	DUE TO, OR AS A CONSECUTION OF THE CONSTRUCTION OF THE CONSTRUCTIO	TO DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION	N GIVEN IN PART 110 CASTRIC ULC
The law cran. The law cran. I have be sit permit giene pring shows any	CERTIFICATION	19a DATE OF OPERATION		ICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
IYSICIAN: The ding physicial is certificate burial-transit Mental Hygis		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
attending per this of the bunder of the bunder of the bund we have a feed or leave the bunder of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
haspital ar haspital ar RECTOR. Af hed far use o ept of Healti		saw the leceosarylive of	pital) attended the deceased from (4/2)	9, and that in (my) (aur) opinion	to death accurred on the date and	that (I) wo lost d have and from the causes stated
HOSPITAL Or ained by the I Or FUNERAL DII ould be detach the the State De		PHICIAN'S NAME (TYPE	Pouly CR PRINTS L. Forsberg	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 218 Wash. +	MEDICAL STAFF DIRECTOR PHYSICIAN [Ukstninster, MD
BP		BURIAL, CREMATION, REMOVA (SPECIFY)	Jane 15,1887	ARROLL CREMATORY	23d. LOCATION CITY OR TOWN HAMPS FEAL	CARROLL NO.
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Robert M.	Myses Muzes F	JESMINSTER MD 2115 100 DA	TE REC'D. BY REGISTRAR 256 RE	EGISTRAR'S SIGNATURE

HARCH CONTRACTOR AND THE STATE OF THE SAME place and the mental state of the first the second of the manager Charles & July 12 - 1-3 X Als.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 26 HOUR FRIZZERA OL 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR GEN. HESP. TAV 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS /.ZIP CODE NO X 15. MOTHER'S MAIDEN NAME Michaelon 17. INFORMANT APPROXIMATE INTERVAL minutes sura tour 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH?

JAMES 3 SEX 4 RACE MA 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY COUNTRY CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) ARROLL COUNTY USUAL RESIDENCE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONIL 14 FATHER'S NAME 160. WAS DECEASED EVER IN U.S. ARMED (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CERTIFICATION 190 DATE OF OPERATION b. CONDITION FOR WHICH OPERATION WAS PERFORMED NO ol-transit 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from tay 6-21 saw the deceased alive on dove (1)(we) (did) (did nat) view the bady after death. and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE MO ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b MD 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) CITY OR TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

REGISTRAR I. DECEASED NAME

- STATE

(TYPE OR PRINT)

24. FUNERAL DIRECTOR HAIGHT FUNERAL HOME BOX 193 SYKUSUILLE 250. DATEREC'D. BY REGISTRAR 256. REGISTRALES IGNATURE)

YES 🖂

COUNTY

COUNTY

22c. DATE SIGNED

NO [

STATE

Mall Contact Sylvenia - - - - - - Cart Selection

director, page 3 hours ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DELINERAL DIRECTOR. After this certificate has been signed by the ottending the deflocted for use as the burial-transit permit. Then please remove continue state Dept. of Health and Mental Hygiene prior to burial, cremation, or retained by the hospital or

njury, or other troumotic

MPORTANT: If hem 21 is

STATE OF MARYLAND									
EPARTMENT OF HEALTH AND MENTAL	HYGIENE								
CERTIFICATE OF DEATH	0								

D

FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	0 /	. NO.	7 2	5 5
DECEASED NAME	FIRST		AIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
TYPE OR PRINT]	Maurice		Ellis	Gar	ber	Dune -	30.1	987	(PR
SEX		4 RACE	BIIIS	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
Male		White		MONTH	DAY YEAR 29	58	YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STA	ATE OR FOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CIT		Y OF DEATH	
COUNTRY		U.S.	٨		NEVER MARRIED	Carrol]			
Maryland	F DEATH			G HOME C	D DIVORCED DIVORCED DIR OTHER INSTITUTION	12a USUAL OCCUP		17h KIND C	OF BUSINESS OF
		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MO		FEI INDUSTRY	
Union Bri			ey Heigh		•	ramp serv	rice	airli	nes
30. STATE Marvland	13b. COUN Carr	TY	13c. CITY OR TOWN Union Br	N	13d. INSIDE CITY LIMITS?	130 STREET ADDRES			1701
L FATHER'S NAME	Carr	011	CHION DI	ruge	15. MOTHER'S MAIDEN N		neight	5 Ku. / 4.	1171
FIRST	1	MIDDLE	LAST		FIRST	MIDDL	E	D LAS	11.
Ra1ph		Z.	Garber		Dorothy	L.	DRESS		lbiss
(YES, NO OR UNKNOW		WAR OR DATES)	166 SOCIAL SECU	KIIY NO.	17. INFORMANT	522	Key He	ights Ro	d.
Yes	Kore	an War	215-26-8	024	Betty J. Ga	rber Un	ion Br	idge, M	D IMATE INTERVAL ONSET AND DEATH
Conditions, if gove rise to couse (o), underlying	ony, which	(b)	R AS A CONSEQUE	NCOF		6			
PART 2. OTHER					NOT RELATED TO THE TER	200 AUTOPSY?	20b IF YE	VEN IN PART 11 S, WERE FINDII IFYING CAUSES	NGS USED
OR CONTRIBUTING	AS UNDERLYING COMMENT OF DEAL STANDARD COURRED	21b. TIME O HOUR A P.:	M. MONTH DA	Y YEAR	211. HOW INJURY OCCU	RRED (ENTER NATURE OF		PART T OR PART 2) COUNTY	NO _
270. I certify the	eceased alive on,	ol) atterded the	e deconsed from	Ja	nd that in (my) (>>>) opinio	59 to	o W e date and ha	, 19, ur and from the	
22d. PHYSICI	AME (TYPE O	PRINT	le my	2	ATTENDING PHYSICIAN	MEDICAL PHY	STAFF (SICIAN	6/3	12179

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

7/1/87

23c. NAME OF CEMETERY OR CREMATORY Carroll Cremation

23d. LOCATION

STATE MD

Cremation 24 FUNERAL DIRECTOR

D. D. Hartzler

Union Bridge, MD

Hampstead Carroll

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUL 06 1987 Julia Dandon Rod

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

GAD LEST US TOTAL Sent strateging the Sent strategy and MALES SET I TEST DO JUL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I, PECEASED NAME 20 19 87 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-NERAL DIRECTOR.
OR YOUR FILES.
VITHIN 72 HOURS
PRESTON STREET, DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF LINDER 1 YR SEX YEAR 20 DATE CLE YRS PRONOUNCED DEAD BALTIMORE CITY OF COUNT 80K NEVER MARRIED 10 D WITHIN 24 HOURS AFTER CL. 2.
PENCIL IN ITEM B. GNE PAGES 1. 2.
AMINER ALONG WITH FORM PR 3.
AMINER ALONG WITH FAND 2. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST David Ranoull Carrie Jones TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIEK LEXECUTE THE CERTIFICATE. WRITING THE WORD "FENDING" IN PENCIL IN ITEM/18. GNE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORATO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT JAGES 1. AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION (BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT 6 Nicodemus Rd tminster, Md. 211 (YES, NO, OR UNKNOWN) VO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 21e PLACE OF INJURY 71d INJURY OCCURRED ZIF LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted fram Undetermined manner Natural causes SIGNATURE EXAMINER'S NAME (TYPE OR PRINT 230, BURIAL, CREMATION, REMOVAL Meadow Cem. stminster Buria: 07/84 BP. 25M **DHMH - 17** Eas t (VR A15 ME (5)

which the second of the second of the second The second of the second second liffigure a full flags.

STATE OF MARYLAND 057537 JUN - STATE REGISTRAR

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATI	OF DEATH	

G	IENE	8	REG. N	10.	D-Marie	1	Zene	6	3
	20 D	ATE OI	J.	MONTH 112		16	198	26 HC	SP
	6. AG	E (IN)	EARS LAST B	IRTHDAY)	П	IF UND	ER 1 YEAR	IF UND	ER 24 HRS

DECEASED NAME FIRST	MIDDLE	LAST	
SERTRUG	le Amelia	i HAI	ne
FEMALE	CA ucasian	5. DATE OF BIRTH MONTH DAY	7
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	ARR

9. BALTIMORE CITY OR COUNTY OF DEATH IED Carroll.

WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION INDUSTRY

SUAL RESIDENCE	(IF NURSING HOM	E OR OTHER INSTITUT
30. STATE!	13b,-CC	DUNTY
Md.	1/1/	DONI
1-10	4	perce!
EATHER/CALANE		

15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE

FATHER'S NAME

ARGAR 166 SOCIAL SECURITY NO 17. INFORMANT

MIDDLE ADDRESS

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for tor, (b)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if ony, which gave rise to immediate couse (a), stating underlying couse

DUE TO, OR AS A CONSEQUENCE OF

13c. CITY OR TOWN

MD.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

100mm	my	mai	des	2
TE OF OPERATION	196.0	CONDITION	FOR WHICH	OPERATION

21b. TIME OF INJURY

WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NOF YES T

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION STREET

CITY OR TOWN COUNTY

STATE

AT WORK (1) (this hospital) attended the deceased from sow the deceased of ve an above (1) (we) (did) (did not) sew the body after death

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

23d. LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

should be detact with the State E IMPORTANT: IF 23a BURIAL, CREMATION, REMOVAL (SPECIFY)

22b. SIGNATURE

CERTIFICATION

MEDICAL

190. DA

prior

lentol

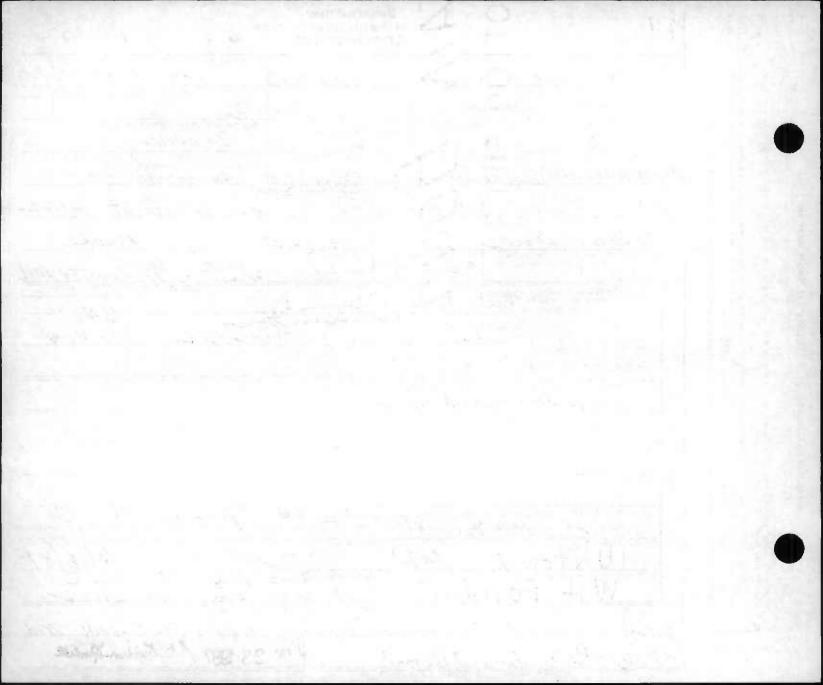
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24 FUNERAL DIRECTOR

23b. DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)



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STATE	OF MARYLAN	D
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DEPARTMENT OF HEALTH AND MENTAL HYGIE

N	8	REG. 1	٧٥.	C.Producto	7	2	6	Ü
0	DATE OF	DEATH	MONTH		DAY	YEAR	2b. HOUR	1

9 (71 -	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	IENE 8 LEG. NO	172	6 0
		CEASED NAME FIRST OR PRINT) MARGA	RET E	HA	LE E		MONTH DAY YEAR 6 - 6 - 87	26. HOUR 0818A
	3. SE	Female	4. RACE CAUC.	5. DATE O		6. AGE (IN YEARS LAST BIRT	YRS MONTHS DAYS	
5	É	RTHPLACE (STATE OR FOREIGN Balto. Co.	76. CITIZEN OF WHAT COUNTRY?	WIDOWE		0,,,	LL COUNT	MO
0	W	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET CARROLL COLL	ADDRESS)	CENERISTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		OF BUSINESS OR
5	130. 5	STATE 136 COUNTY			13d. INSIDE CITY LIMITS? YES NO	0.00	ZIP CODE	PK.
0	14. FA	John M	MIDDLE BYOWN		15. MOTHER'S MAIDEN NA/ Arrna	ME	Char	iey
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN} (IF YES, GIV	MED FORCES? 166. SOCIAL SECU 219-66-4		PT'S CHA	ADDRE	SS	
			nly one couse per line for (a), (b), on ED BY: TE CAUSE (a) CAR	DIAC	ARRE	12	APPRC BETWEET	NONSET AND DEATH
	NO	Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUI		0	IN AL DISEASE OR CONE		lo
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [
7		2]0. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC)	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
-			ot) view the body ofter death.	٤ - (- ،	nd that in (my) (our) opinion (deoth occurred on the do	ote and hour and from the	, that (I) (we) last e couses stated
		224 PHYSICIAN'S NAME (TYPE	relunga-	4	DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STAF	F 61/	SESIGNED
1			TEDY NAGON		700 A 800		Jalmin	LE MID
1		BURIAL, CREMATION, REMOVAL	23b DATE 23c. 1	vergr	een Memorial		rg, Md.	STATE
4	24. FI	uneral director E lime Funeral H	Home Reisterstov	vn, Mo	1. 21136 250 DAT	E REC'D. BY REGISTRAR 1087	256 REGISTRAR'S SIGNA	TURE

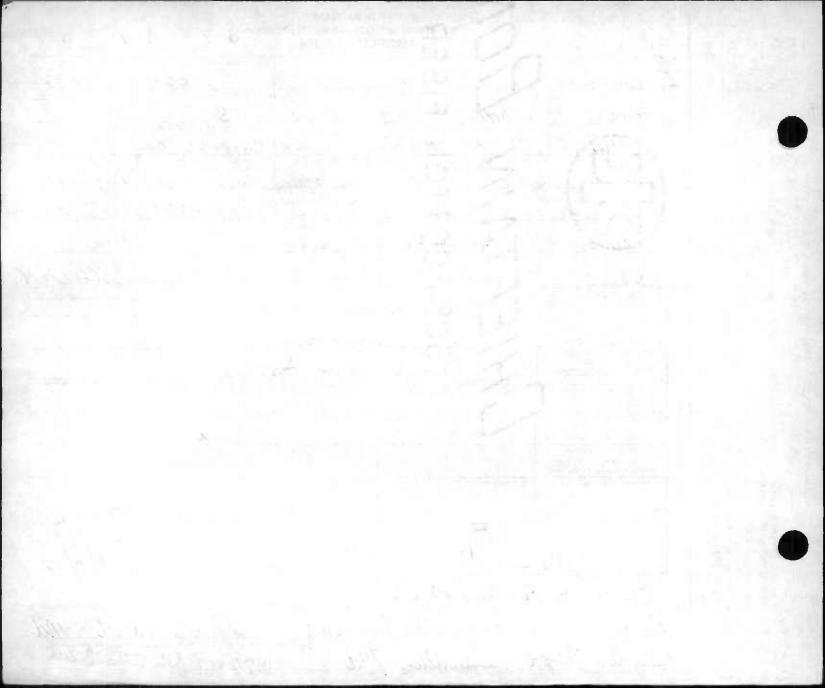
DHMH - 16 60M 7/84 (VRA 15, 4)

	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 7	17267	1
	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO	D. MONTH DAY YEAR 26 HOUR	3
nay be page 3	(TYP	EVELYN	mae	HAWKINS		06-26-87 5-55	M
ctor. p	3. SE:	Female	White	5. DATE OF BIRTH MONTH DAY YEAR 0.3 0.3 0.9	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN	_
の か	7a BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
11100	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	ON 12b. KIND OF BUSINESS OF WORKING LIFE)	AD.
Za hours	Use S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		Sales We 13 e STREET ADDRESS /	11/11/20	,
d within	2"	THER'S NAME	MIDDLE DRECKS!	15 MOTHER'S MAIDEN NA		Close	_
		VAS DECEASED EVER IN U.S. AR YES, NO OR HINKNOWN) (IF YES, GIV			ADDRES	Bartholan Ref 217	şı
th certifical nding physic corbon approved, , or rend o		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), or D BY: (E CAUSE (a), CAUSE (b), CAUSE (b), CAUSE (b), CAUSE (b), CAUSE (b), CAUSE (b), CAUSE (c), CAUSE (pulmonony an	neet	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	_
nat the dea by the atte sse remove , cremotion		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	e Dementia			_
squires signed Then pla to buring njury, a	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART 110	=
ow ramit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	_
PHYSICIAN: The Institute of the physician this certificate has burial-transit per burial-transit per dar frem 18 sfowers		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR			
DING PHYSK or attending After this cei e as the buric alth and Men marked or the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	21f LOCATION	CITY OR TOW	VN COUNTY STATE	×
TTENDIN ortal ar TOR: Aft far use of af Health 21 is mar		22a.1 certify tho (this hospi	tol) ottended the deceased from _	3, 19, 87	, 10	te and hour and from the causes stated	st
he has DIREC toched Dept.	67	22b. SIGNATURE	Diew the body ofter death.	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAF		-
HOSPII Ined b FUNER Uld be to the St		22d. PHYSICIAN'S NAME (TYPEO	Shechan M.	O. 22e. ADDRESS	January Harriston	1 4-4 2	_
Of Office of the	23a. B	URIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	234 LOCATION	AL ACOUNTY A STATE	_

DHMH - 16 60M 7/84 (VRA 15, 4)

25/ DATE REC D. BY JEGISTRAN 256. REGISTRAN'S SIGNATURE

JUN 2 9 1007 Julia Division Robins



STATE OF MARYLAND

	1	7	-)	6
	3		C as	000
REG. NO.				

58 JUN	35	FOR STATE REGISTRAR			DEPART		EALTH AND MENT		0 /	6. NO.	7	2 6	5 8
		CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEAT	H MONTH	DAY	YEAR	26 HOUR
e e e e e e e e e e e e e e e e e e e	1		. Co.	art Ramon	Henkel			_ 1	6/27/8	7			12:35 _M
(TYPE OR PRINT)				4. RACE			or orkIH	110	AGE (IN YEARS LAS	T8 HDAY	IF UNDER	2 1 YEAR	IF UNDER 24 HRS
a de		Male		Cau	casian		9/7/05 DAY YEAR		81	YE	MONTHS	DAYS	HOURS MIN.
2 +0		IRTHPLACE (STATE OR FO	REIGN 7		WHAT COUNTRY	2 8		[7]	BALTIMORE CIT			ATH	
E DX	Y	Centery Centery		U.S.A		WIDOWE	D NEVER MARRI		Carro	ลา C	ounty		MD
的	10. C	ITY OR TOWN OF DEAT	н	11. NAME OF	HOSPITAL, NURS	NG HOME C	R OTHER INSTITUTI	ION	2ª USUAL OCCUE	PATION	126.1	KIND OF	BUSINESS OR
10	1	Sykesville		Sykesvi	th Facility, give street	are			Director •	f Mat	erial	Air	Patrol'
智工	13a	AL RESIDENCE (IF NURSIN STATE	36 COUN		GIVE RESIDENCE BEFO 131. CITY OR TO Randall	VN	13d. INSIDE CITY LIV		3e.STREET ADDRE	ss/zipc eer P	ODE ark Ro	oad	21133
40	IN F	ATHER'S NAME					15. MOTHER'S MAIL		E				
MA	V	Unknown	N	AIDDLE	Henke	1	Únk	nown	MIDDI	3		LAST	
- S	16a	WAS DECEASED EVER IN	U.S. ARA	AED FORCES?	166 SOCIAL SEC		17 INFORMANT M		sabelleAD	BESST O	n	,	21133
2 medico	-	yes, no or unknown)	(IF YES, GIVE	WAR OR DATES)	217-26	-4168	4205 Dee						
#	-	18. CAUSE OF DEATH	·Fnt onl				1203 200		10 1001				ATE INTERVAL
event,		PART I. DEATH WA	S CAUSED	BY:	Time for (a), (b), a	म इ						TWEEN ON	NSET AND DEATH
ove corb tion, or oumatic		C 150		DUE TO, O	R AS A CONSEQU	ENCE OF	S.G.V.	7					
trou		Conditions, if any,	diate	(b)		El.	S- V. V.						
other	Н	cause (a), stating underlying cause	lost.	DUE TO, O	r as a consequ	JENCE OF							
bury, at	z	PART 2. OTHER SIGNI	FICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR C	ONDITION	GIVEN IN P	ART Iro	
10	CERTIFICATION	190 DATE OF OPERATION	ON	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	D	20a AUTOPSY?		F YES, WERE ERTIFYING C		
11/	1 🖺								YES NO		YES		NO 🗌
100		210. ACCIDENT WAS UNDE		HOUR A	M. MONTH I	AY YEAR	ZIE. HOW INJURY	OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM	A 18 PART I OR F	PART 2)	
117	2	(IF EITHER, NOTIFY MEDICA			Μ.	19							
hed or	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET		CHYC	OR TOWN	COL	YINTY	STATE
事品		22a I certify that (I) (I	his hospit	al) attended th	e deceased from	Dece	mbe 11, 19	79	to Oune	2	198	tł	nat (1) (we) lost
2 4 5	1	sow the deceased above, (I) (we) (die	olive on	SMNC	22 19		nd that in (my) (our)		eath occurred on th	ne date and	hour and Ir	om the c	ouses stoted
T. E	1	#26. SIGNATURE	a) (did nor	y view the body	offer death.		DEGREE				224	. DATE S	IGNED
0 =		1. west	U	enten	Me	1	D. ATTEN	DING W	MEDICAL DIRECTOR PH	STAFF	1	6/2-	1127
易至丁	1	224 PHYSICIAN'S NAM	AE (TYPE OF	PRINT)			22a ADDRESS	-					1
PORT,	1	20521	U	napril	18, M1.	D	6342	Bar	mett Ar	le.s	AKEZ	1111	E, MD
1 3	23a.	BURIAL, CREMATION, R	EMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREM.	ATORY	23d. LOCATION				
_ '		(SPECIFY) Burial		6/29	/87 L	ake Vi	ew Mem. P	ark	Sykesv	ille	Carro	Š11	Mb.
	24 F	UNERAL DIRECTOR LO	ring	Byers							OISTRAR'S	GNATU	Randalle
OM 7/B4	87	728 Liberty	Road	Randa	11stown.	MD.	21133	JU	N 2 9 198	31 80	WILL ADMINIT	ROOM	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	7	1	7	2	6	9
9	REG. NO.		-	Com		1

REGISTRAR	CEI	RTIFICATE OF DEATH	REG. NO.	1 / 4 0						
1. DECEASED NAME, FIRST (TYPE OR PRINT)	LLOYD//AL	HEYNER /	20. DATE OF DEATH MONTH	18787 2b. HOUR						
3. SEX MALE		ATE OF BIRTH MONTO 4/21/10 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS	IF UNDER I YEAR IF UNDER 24 H						
76. BIRTHPLACE (STATE OR FOREIGN COUNTY VIRGINIA		ARRIED NEVER MARRIED DOWED DIVORCED	9. BALTIMORE CITY OR COUN CARROLL							
WESTMINSTER	11. NAME OF HOSPITAL, NURSING HO WESTMINSTER NURS	TNG CTR.	120 USUAL OCCUPATION (TYPEPARMER AOST OF WORKING	12b. KIND OF BUSINESS INDESANTLE						
TOSUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMIS EDERICK 13c. UNPON BRI	DGE 13d. INSIDE CITY LIMITS?	13. STREB 450 FER ÉÉN CG	VALLEY RD. 217						
WALTER HEVNER	NIDDLE LAST	IS. MOTHER'S MAIDEN NA. GRACE HU		t AST						
160. WAS DECEASED EVER IN U.S. AR (YNO) OR UNKNOWN) (IF YES.NO	MED FORCES? 166. SOCIAL SECURITY NO 17-32-56	NO. 17. INFORMANT 196 CLIFFORD D	HEVNER 1140	O3 HANDBOARD R						
Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT OF LAPUS Section 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEATH TO DEATH 196 CONDITION FOR WHICH OVER	HBUT NOT RELATED TO THE TERM	Hypothy Roide	1						
OR CONTRIBUTING CAUSE OF OF	HOUR A.M. MONTH DAY Y	21c. HOW INJURY OCCUR! 19	RED (ENTER NATURE OF INJURY IN ITEM	8 PART) OR PART 2}						
(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ET	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE						
The state of the s	The I certify that (I) this hospital attended the blaggoed from									
saw the deceased alive on above (I) (we) [did) (#d	1.11010	DEGREE	death occurred on the date and h							
176 PHYSICIAN NAME (1YPE C	or PRINT) PICOPE M.D.	DEGREE		nour and from the couses stated						

DHMH - 16 60M 7/84 (VRA 15, 4)

BP,

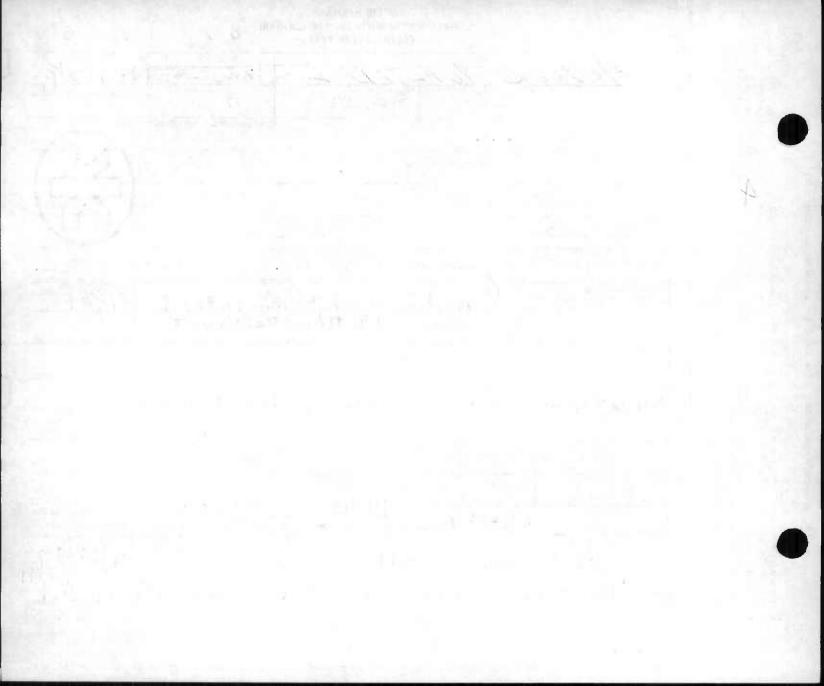
TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely fill<u>es</u> should be detached for use as the burial-transit permit. Then please remove corbonapaers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be etoned by the haspital or attending physician.

FOR

the funeral director, page 3 d within 22 hours ofter death

executed within 24 hours ofter death. Page 4 may be



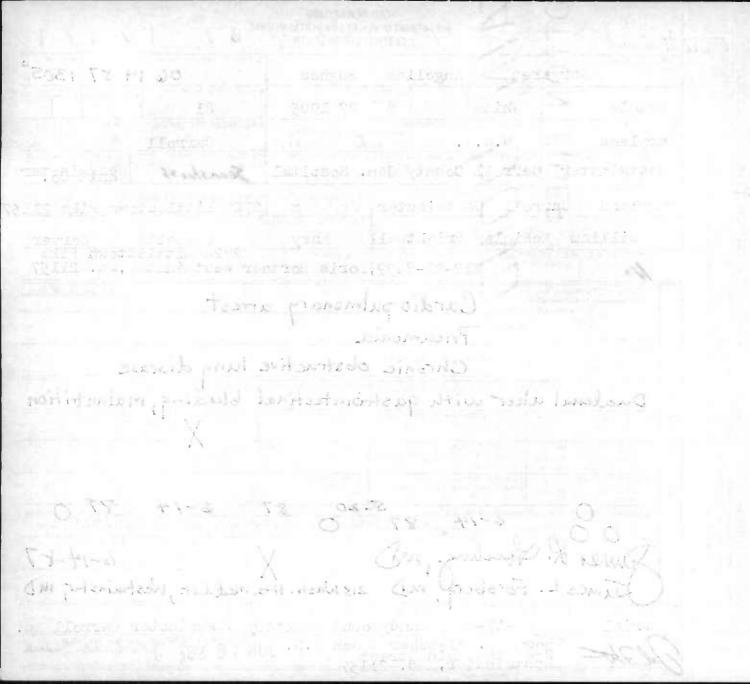
157621 00	200	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.	270
may be poge 3 rer death		CEASED NAME FIRST	S. D. T. C.	-87 0201 M
oth. Page 4	1/	IRTHPLACE (STATEOR FOREIGN COUNTRY)	MONTH DAY YEAR O O L 1910 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF	
in by the fun effed with a	10. C	ITY OR TOWN OF DEATH estminster AL RESIDENCE (IF NURSING HOME OF	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CARRELL COUNTY GENERAL HOSPITAL (TYPE OF WORKING LIFE)	MD. 12b. KIND OF BUSINESS OR INDUSTRY WESTELL R.C.
within 24 h	130.	STATE 136. COUR	NTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE RO 1 VESTMINSTER YES NO 33 Webster S- MIDDLE 15. MOTHERS MAIDEN NAME	t. 21157
be executed von ond complex. Pages I and		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT, ADDRESS 199-67-6892 Elsie M. Hilfsbrids Same	es ±13
or certificate fing physics orbonapaper or removal.		PART I. DEATH WAS CAUSE	nly ane cause per line far (o), (b), and (c).) D BY: TE CAUSE (a) CARDIA ARREST DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b) A CUTE MY OCALDIAL INFRCTION DUE TO, OR AS A CONSEQUENCE OF (c)	John
to the requires on the permit Then plants of burning the permit. Then plants of burning the purious of burning the permit of the purious of the permit of th	CERTIFICATION	PART 2 OTHER SIGNIFICANT (/ERE FINDINGS USED IG CAUSES OF DEATH?
PHYSE IAN. The ending physicials this certificate is businel transit and Mantal Hygin day, ited 18 should be seen 18 sho	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY 211. LOCATION	
TENDING Photology of TOR. After the for use as the off-Health and 21 is marked/w	¥	saw the deceased alive an	atal) ottended the deceased from 691 1987, to 692 19	&), that (I) (we) last
HOSPITAL OR AT INNERAL DIRECT ORTANT, If hem Control of the Contro		226 PHYSICIAN'S NAME (TYPE C	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	220. DATE SIGNED 6 (22 0)
TO HOSPITA catolined by TO FUNERA shauld be de unit the Stat MAPORTANT	230	BURIAL, CREMATION, REMOVAL		WINVELLO DILLO
BP DHMH - 16 60M 7/B4 (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME OMES D. F-(2)		es signature sides. Renderes

Could look 4 1859 Could the state of the same I will be sure marine than face the file Col The Harman State of the State o Ves DOTT 199.01-6512 Else W. Hillelind som as "13 Anni & 1437 Engan Maril Indiany Could a The Dieter 18 the tent that the time of

M 17	1	FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	7
		CEASED NAME FIRST		eline Hughes	20 DATE OF DEATH MONTH DAY YEAR OG 14 87	7 130
	3. SEX	'emale	4. RACE White	5. DATE OF BIRTH 27 1905	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DAY	
		RTHPLACE (STATE OR FOREIG	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	A BALTIMORE CITY OR COUNTY OF DEATH	
and the same of the same	10 CI	TY OR TOWN OF DEATH lestminster	11. NAME OF HOSPITAL, NU	URSING HOME OR OTHER INSTITUTION THE TYPE Gen. Hospita	12a USUAL OCCUPATION 12b. KIND	OF BUSINES
打	13a. S	AL RESIDENCE (IF NURSING HOTTATE 136	COUNTY IJE CITY OR	BEFORE ADMISSION) JOWN 13d. INSIDE CITY LIMITS INSTER YES NO X		
60	4. FA	William	McKinley Bris	15. MOTHER'S MAIDEN	NAME Jeanette	Garve
medical /	16a V	AS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	2726 Printer town	n Pike
quy, or other trou	NC	underlying cause la	DUE TO, OR AS A CONS	umona ronic obstruct stodeath but not related to the to a strointestic	ive lung disease erminal disease of condition given in part hal bleeding malni	110.
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FIND IN CERTIFYING CAUSI	DINGS USED
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OF DEATH HOUR A.M. MONTH	19	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2	1
orked p	MED	WHILE ALWORD ALWORD	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		CITY OR TOWN COUNTY	STA
T. If Dem 21 is m		saw thurdeceased ali	haspital) attended the deceased from the body after death.		G MEDICAL _ STAFF _	that (1) we he causes state TE SIGNED
MPORTAN	(James	L. Forsburg	m) 218 Wash.	HHs. Med. Ctr., Westmins	ter, u
2		URIAL CREMATION, REMO	236 DATE 6-17-87	236 NAME OF CEMETERY OR CREMATO	RY 23d LOCATION CITY OR TOWN TERRY Westminster Car	51/

Thomas D. Fletcher & Son F. H. DAJEREC BY REGISTRAR 756 REGISTRAR SSIGNATURE 254 East Main Street 77 Main Street 77

DHMH - 16 60M 7/84 (VRA 15, 4)



1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 7	17272
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
	KATHA	RINE	HYSON	June 2	3 1987 0243 M
3. S		4. RACE	5. DATE OF BIRTH	6. ALL (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 HRS
	Female	White	oct. 3, 1908	78	YRS. MONTHS DAYS HOURS MIN.
5	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED NORCED DIVORCED	Carroll C	
10.	CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
We	estminster	Carroll Coun	ty General Hosp	Machine O	perator-Bendix
13a.	. STATE 13b. COU			13e STREET ADDRESS / ZIF	Radio Ln. 21791
7 14. 1	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
1	William	Twupack	Elizabet	h	Meley
16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECU	IRITY NO. 17. INFORMANT	ADDRESS	
	No	218 12	0911 Charles H	lyson, Balt	o., MD
NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ence of		
NOI	PART 2. OTHER SIGNIFICANT	silve	DEATH BUT NOT RELATED TO THE TERM	ainal disease or conditio	DN GIVEN IN PART I a
CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	EFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
		HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is morked	sow the deceased alive a	n 23 19 19 19 19 19 19 19 19 19 19 19 19 19	32, and that in (my) (our) apinion	deoth occurred on the date a	3 , 19 27 , that (I) (we) lost nd hour and from the causes stated
# Hen	27h 5 WATURE	.1	DEGREE	14504541	22c. DATE SIGNED
A.	John S.	Harshymo		MEDICAL STAFF DIRECTOR PHYSICIAN	0 6/23/87
L A A	ME PYSICIAN'S NAME (TYPE		22e ADDRESS	/ -	
	JOHN S.	HARSHEY IND	8 auchor	st West	menter med. 21,

DHMH - 16 60M 7/84

24. FUNERAL DIRECTOR H.W. Menkins, (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23b. DATE

6/25/87

4905 Yorks Rd., Balto.,

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Balto. Gardens of Faith Balto. Company of Balto. Ba

STATE MD

× 1

COLUMN TO THE PERSON OF THE PE

056378

1	FOR - STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG HICATE OF DEATH	IENE 8 / REG. NO.		7 2	7	3
1 DI	ECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH MO	ONTH DA	AY YEAR	26 HOU	IR
(14)	CORPRINT)	James	s I	David	Kes	selring	Ju	ne 8	,1987	133	MOS
3. SI	X		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHD		FUNDER I YEAR	IF UNDER	24 HRS
	Male	11111 00		te	7	2 1927	79 YRS.				
	aynesboro, Pa. U.S.A.			WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR C	rrol			MD.
	city or town of death inksburg 11. NAME OF HOSPITAL, NURS 3233 Murray				G HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Meat-Cutt	126. KIND (ssor nrif		
130.	JAL RESIDENCE (IF NO STATE TYLAND	13b COUN	COTHER INSTITUTION.	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Finks bu	ADMISSION)	13d. INSIDE CITY LIMITS?	3233 Murr		d. 21	048	
14. F	James	I	Richard	l Kessel	ring	15. MOTHER'S MAIDEN NA Elola	ME Cride	r	Di	etr:	ich
160 Y	WAS DECEASED EVE (YES, NO OR UNKNOWN)		VE WAR OR DATEST	166 SOCIAL SECU 162-22-		17. INFORMANT Mae P. Ke	sselring F	3 Mu inks	rray burg,	Rd. Md.2	2104
	Conditions, if or gove rise to in cause (a), sta underlying cou	IMMEDIA' my, which mmediote fing the	nly ane couse per ED BY: TE CAUSE (0) DUE TO, O	line far (o), (b), one	NCE OF	tire lu		asi	APPRO) BETWEEN	MATE INTER ONSET AND	DEATH DEATH

CERTIFICATI 190 DATE OF OPERATION THE CONDITIONS OR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this harmstell-attended the deceased fram that (I) (we) lost FUNERAL DIRECTOR sow the deceosed alive an abave, (I) (we) (did) (did nat) view the bady ofter deoth. and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stoted DEGREE 226 SIGNATUR 22c. DATE SIGNED 4 O ATTENDING MEDICAL DIRECTOR STAFF PHYSICIAN The ADDRESS IFZR Lake View Memorial Eldersburg Burial 6-11087 Md. Thomas

DHMH - 16 60M 7/84 (VRA 15, 4)

Total Committee atide to the state of the state The way and the second of the REGISTER TENTER TO THE PROPERTY OF THE PROPERT and the same of th The thereas were not labroom which there

completely filled in by the funktral director, page 3

Poges. puo

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carban papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other traumatic event, the m

ottending physician

HOSPITAL OR ATTENDING etained by the haspital or

BP.

death. Page

within 24 hours ofter

be executed

deoth

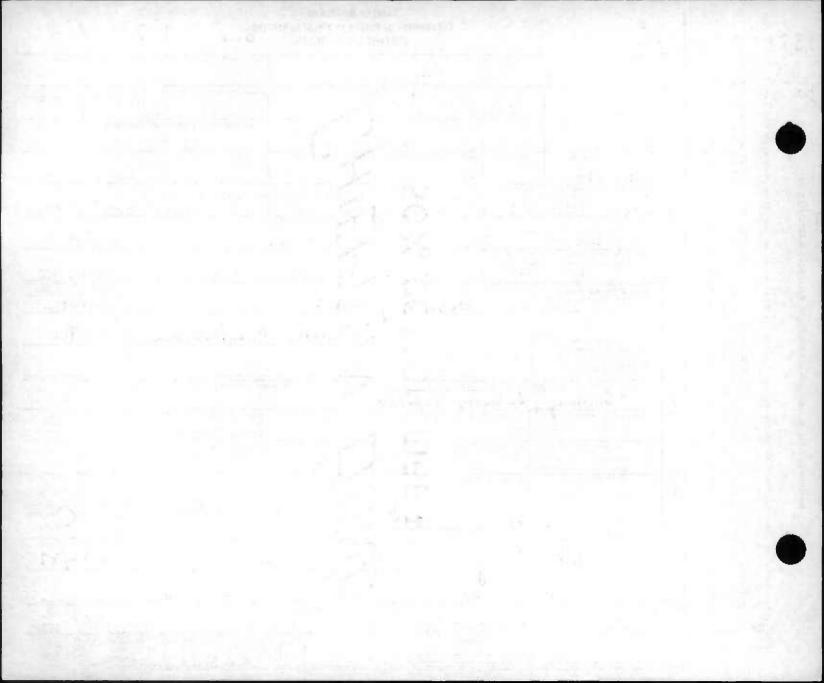
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

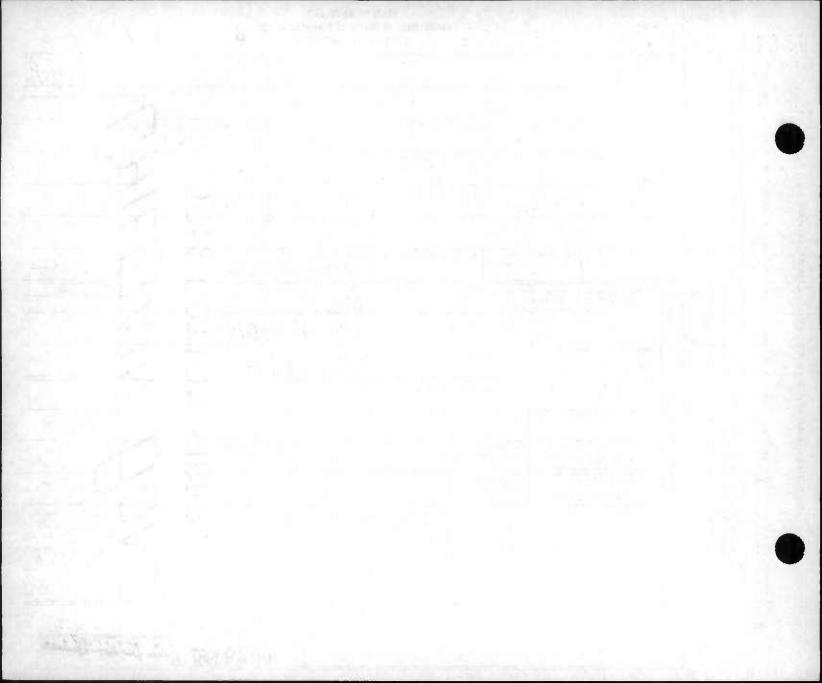
8	- STATE TREGISTRAR		CERTIF	ICATE OF DEAT	TH	REG. N	0.	1 6	dal
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	L	AST	1	0. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	Edmond	J.		nberger	Chr. I		06 - 2	21-87	M
3. SE	X	4. RACE	5. DATE C		YEAR 6	. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male	White	01		13	74	YRS.	MONTHS DATS	HOURS MIN.
7a. B	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIE	NEVER MARR	RIED -	BALTIMORE CITY C			
	Maryland	U.S.A.	WIDOWE		CED 🗌	Carroll			MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, (, NURSING HOME C Sive street address)	R OTHER INSTITUT		20 USUAL OCCUPAT			OF BUSINESS OR
	Sykesville	1231	Pouder R	oad		Inspect			ard Co.
13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COUN		NCE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY L	IAAITS2 11	3e.STREET ADDRESS	/ 71P COD		
N			esville	YES NO	_	1231 Pou			21784
_	ATHER'S NAME		0011110	15. MOTHER'S MA	IDEN NAME		. a o i		
0	Frederick	MIDDLE Klann	enberger	Gert	rudo	WIDDLE		Yock	
160	WAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17. INFORMANT	ruue	ADDR	SS	IOCK	ret
	(YES, NO OR UNKNOWN) (IF YES, GA	VE WAR OR DATES)			77.0				
	NO	216	-07- 2971	Emily	Klapp	penberger	Syk		
	18. CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	nly one couse per line for to	a), (b), and (c).)	1.1				BETWEEN	ONSET AND DEATH
		TE CAUSE (0) Ket	matry	Must				m	nutes
		DUE TO, OR AS A CO	ONSEQUENCE OF	Mart. 11	1	10 10 10			M
	Conditions, if any, which	(b)		retaitat	75 1	Mesothelia	ma	m	marc
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF						
	underlying couse lost.	DOE TO, OR AS A CO	NASE WOENCE OF						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CON	DITION GI	VEN IN PART 10	0
Z	Smophine	Asheston	Exposure						
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
员员						YES NOT	R.	IFYING CAUSES ES 🏻	OF DEATH?
1 2	21g. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY		1217 HOW IN HIP	(OCCUPPE	YES NOX			NO []
	OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	110110111111111111111111111111111111111	OCCORRE	D (ENIER NATURE OF INJU	KI IN IIEM IS	PART T OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19						
1 2	21d INJURY OCCURRED	21e, PLACE OF INJUR (AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
1	AT WORK NOT WHILE AT WORK		.7		01	1 h			
	220.1 certify that (I) (this haspi		d from	, 19	9 81	_, to_ our h	_	. 19	tha (1) (we) last
	sow the deceased alve on above (1) (we) (did (did no	why view the bady alter dee	19 8 7 or	id that in (our)) opinion de	oth occurred on the d	ote ond ho	ur and from the	couses stated
	77h SIGNATURE			DEGREE				22c. DATE	SIGNED
	IMKI	M'Evan	Ý		NDING A	MEDICAL STA		61	22/87
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				1	
	Dr. Michae	al McEvov		Co11	eae A	venue Sy	kesv	1110	MD 2178
23a	DIDIAL CREMATION DEMOVAL		231. NAME OF C	EMETERY OR CREM		23d. LOCATION	VCD A	717EV	110 21/0
	(SPECIFY) BURIAL	06-24-87				CITY OR TOWN	7.7	YINUO	STATE
24. F	UNERAL DIRECTOR	100-24-07	meadowr.	idge Mem.		Elkridge REC'D. BY REGISTRAR		OWard	MD
	NAME	TION OTHER	ADDRESS	01704		100	11 1	mak A	A
	HAIGHT FUNERAL	J HOME SYKES	/ILLE, MD	ZI /84	UUI	N 2 2 1007	Julia	o plander	Ranchalle

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR



1	īt	ems, 15, & 16b	., G-629, 7/8/87						
Or main	1 -	FOR by the F.H. STATE REGISTRAR addition	, / GDJ. DEPART al.inf. Item 17		FICATE OF DEATH	0 /	17	2	1 5
O CLIN	. DE	CEASED NAME FIRST	Afvid 7Gbj Middle		TAST	REG. N 2a DATE OF DEATH		YEAR	25 HOUR
deoth		OR PRINT) EMELIA	MARIE	KU	FER	June 24,	1987		(n:30)
D La	SE)	(4. RACE	5. DATE (6. AGE (IN YEARS LAST BIR	RTHDAY) IF UN	DER I YEAR	Funder da san
]	FEMALE	WHITE	Ja	n.6, DAY 1916 YEAR	71	YRS.	DATS	HOURS MIN
\$ 6	a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	-	DEATH	
-		MARYLAND	U.S.A.	WIDOW	DIVORCED	CARROLL C			٨
600	I	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 4905 FLEMING	ROAD		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O ACCOUNTIN		STAT	F BUSINESS O
must be			r other institution, give residence befor INTY 13c. CITY OR TOV ARROLL SYKEST		13d. INSIDE CITY LIMITS? YES NO 🏗	13e STREET ADDRESS 6425 TAMM	ZIP CODE IARACK CI	RCLE	21784
examine		THER'S NAME LOUIS F. LISY	MIDDLE LAST		MARIE	WE		LAS	T Sykora
medical		VAS DECEASED EVER IN U.S. A PES, 100 OR UNKNOWN) (1F YES, G	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 215-03-		17 INFORMANT GSCHWA	ndtner 4908 WOLFE 6	ess 5 Fjemmi 425 TAM	RACK	.Mt.Ai
burial, cremation, or remity ry, or other traininglicyent.	Married 1	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	inly one cause per line for (a), [b), or ED BY: ITE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF	Aepsio arterial flu Heart Inst NOT RELATED TO THE TERM	LOUINGS IN ALDISEASE OR CON	DITION GIVEN II		MATÉ INTERVAL DNSET AND DEAT
du d	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	GS USED OF DEATH?
A	45.7	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE		IRY IN ITEM IB PART I	OR PART 2)	
ked or li	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.		211. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
21 is mo		sow the deceased alive a	n at view the body after death.		nd that in (my) (our) opinion o	, ta death accurred on the d			that (I) (we) lo
AT: If Item		22b. SIGNATURI	a Wankl		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		6/2	25/89
with the Sto		22d. PHYSICIAN'S NAME (TYPE DR. WALTE	V V	7	22e ADDRESS 2 1900 E.	NORTHERN PA	ARKWAY B	ALT.,	MD 21
n 5 ≤		urial, cremation, remova Specify BURIAL	236. DATE 23c. 06-26-87		EMETERY OR CREMATORY AINE PARK CEME	23d. LOCATION TERY Baltin	nore Bal	timor	e MD
60M 7/84 5, 4)		HAIGHT FUNERAL	HOME SYKESVILL	E, MD		EREC'D. BY REGISTRAR UN 29 1987	256 REGISTRAP	SIGNAL	Cardala.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN . DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 1987 Helen Μ. Laisure 6-4-3 SEX 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR DATE 68 VDS PRONOUNCED Aug. 10 1918 3L55P White Female 1987 DEAD 6-4-76. CITIZEN OF WHAT COUNTRY? a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Carroll County WIDOWED DIVORCED Maryland CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! HOUSEWITE Route 27 & Nicodemus Road Westminster SUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY Mt. Airey Frederick 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kreiner Coniff Frank Helen 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS ES. NO. OR UNKNOWN) 212-26-4701 James Laisure Jr. 124 Bladen Road 2122 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL .T lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in EXECUTE THE CERTIFICATE. WRITING THE WORD." PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE LISED. ATTER DELATH, WITH THE STATE OF PREVIOUR OF HE BAGTIMORE, MARRITANIO, 21201 PRIOR TO BURIAL (190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 2:50PM Passenger in auto/auto collision 6-4- 1987 21e PLACE OF INJURY 214. INJURY OCCURRED 21f LOCATION street, Factory, Farm, etc.) WHILE NOT WHILE & Nicodemus Rd., Westminster, Carroll County, MD X and ge of the remains described above, held on Autopsy and in my opinion Accident X Undetermined monner death resulted Suicide Homicide TITLE (SPECIFY) ACTUAL SIGNED 6-5-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles (TYPE OR PRINT) Kokes. M.D. ADDRESS 111 Penn St., Balto. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION Holly Hill Cemetery Burial MiddleRiver Balto, Maryland 07/84

when Dendoon Randall

JUN 9

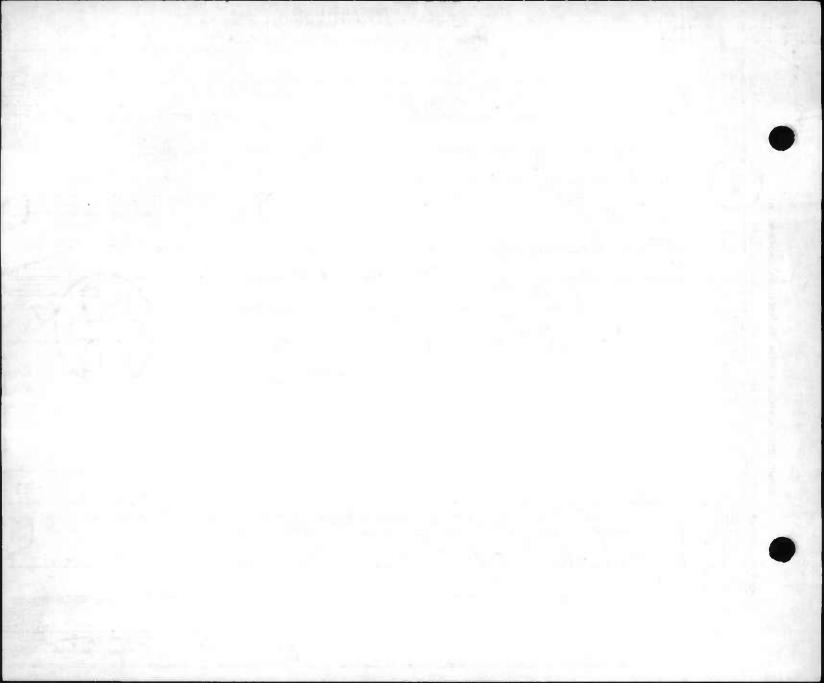
24. FUNERAL DIRECTOR

Connelly Funeral Home 300MaceAve.

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND



FOR 056816

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGNENE

16	REGISTRAR			CERTIF	ICATE OF DEATH	0	REG. N	0.	Coa 4	-4
T	December Dorothy		C.		Lee	2a. I	DATE OF DEATH	MONTH	DAY YEAR 14 1987	26. HOUR 8:00P
3	Female Female	4 RACE Whi	te	S DATE (GE (IN YEARS LAST BIR		IF UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.
1	BRITHPLACE INTAFORMER COUNTRY	J. CITIZEN OF	MARRIED NEVER MARRIED WIDOWEDS DIVORCED				Carroll (OR COUNT		MD.
1	Unionbridge	1636 E	HOSPITAL, NURSIN HFACILITY, GIVE STREET / BUST Chui	GHOME (ADDRESS) CCh R	oad		USUAL OCCUPAT E OF WORK FOR MOST O altress		126. KIND C INDUSTRY	OF BUSINESS OR
1	SUAL RESIDENCE (MALE) ONE OF THE COURT OF TH	OTHER INSTITUTION VITY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN ELLICOTT		13d INSIDE CITY LIMITS	5? 13e.	STREET ADDRESS,	3262N	ormandy	Apt.A Woods Dr.
8	Robert	WICIDLE	Pain	6	15. MOTHER'S MAIDEN BERST		WIDDLE		LAS	Caltrider
1	WAS DECEASED EVER IN U.S. AR	MED FORCES?	212-01-3		17. INFORMANT Ronald Lee	1636	Baust Ch		HORK	ryland ionbridge
					TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CONDITION FOR WHICH OPERATION WAS PERFORMED			20b. IF YE	ES, WERE FINDIN	NGS USED OF DEATH?
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7	da BURIAL CREMATION, REMOVAL	13h DATE 6-17	1000		EMETERY OR CREMATO	RY 2	3d LOCATION CITY OR TOWN		COUNTY	STATE
2	funeral director NAME Marzullo Funera				Park Cemete	DATE NO.	Baltimor 1 6 1987	25b. REGIS	STRAR'S SIGNAT	Maryland URE Randaga

DHMH - 16 50M 1/B1 (VRA 15, 4)

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ATTENDING PHYSICIAN, The

MPORTANT, If them 21 is marked or them 18 shows any

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR.

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				STAT	E OF MARYLAND				
		FOR STATE REGISTRAR		CERTI	FICATE OF DEATH	GIENE REG. N	1 7	21	8
958 JUN -		CEASED NAME FIRST	MIDDLE	111	IRRAY	20 DATE OF DEATH	MONTH DA	YEAR 7	26. HOUR
ctor. p	3. SE		CAUCASIA N	MONT		6 AGE (IN YEARS LAST BIR	THDAY) IF	FUNDER I YEAR	# UNDER 24 HRS HOURS MIN.
oth. Pog		RTHPLACE (STATE OR FOREIGN COUNTRY) Arroll County	7b. CITIZEN OF WHAT COU	INTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	OF DEATH		
ofter de vinne fundamente		ity or town of DEATH utminster	11. NAME OF HOSPITAL, I	NURSING HOME (12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired-Sta		Mary la	of BUSINESS OR
filled in b	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENT 13c. CITY	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS	13e.STREET ADDRESS AP T2 29 CV	ZIP CODE	1-	21136
mpletely bod 2 m		THER'S NAME	WIDDLE	ray	15. MOTHER'S MAIDEN NA Elsie			Hari	
n ond co	1 1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV VES WW	MED FORCES? 166. SOCIA	-03 -3718	Mrs. Mar tha	E. Murray		tersto	wn
deoth certificate be ottending physician ove carbanpapers. Filian, or removal roumatic event, their		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		PIRATOR	LY ARRES	ST.			MATE INTERVAL ONSET AND DEATH
death ce ottending ove corbi stion, or n		Conditions, if ony, which	DUE TO, OR AS A COM	NSEQUENCE OF	KY EDEN	۱4.		IW	eek
equires that the death ce n signed by the attending Then please remove corb r to burial, cremotion, or injury, or other troumatic		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	NSEQUENCE OF	EROTIC HE	ART DISEA	45 E		
requires	NOI	PART 2 OTHER SIGNIFICANT (hronic lu	m9 1	isease.	MINAL DISEASE OR CON	DITION GIVEN	V IN PART 110	o,
the low ion. the hos been it permit inche pricony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, Y IN CERTIFYI YES	WERE FINDIN ING CAUSES	NGS USED OF DEATH? NO
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DING PHYS or offer this or os the bur olth ond Me morked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
TTEN TOR: TOR: of He		220. certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no	1	10 87 0	nd that in (my) (our) opinion	deoth occurred on the do	te and hour c	ond from the	that (I) (we) lost couses stated
At OR A the host At DIREC defoched ore Dept II: If Irem		22b. SIGNATURE	der Nagau		DEGREE ATTENDING PHYSICIAN [AEDICAL STAI	F IAN 🗆	220 DATE	
TO HOSPITAL retoined by th TO FUNERAL Should be deforwith the Stote IMPORTANT: If		CHITRACITE		ANU	22a ADDRESS	E Rd WEST		ER M	D-21157
BP	23a. 6	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 6/8/87		EMETERY OR CREMATORY Ster Cemetery	23d. LOCATION CITY OR TOWN Manches t	er C	arroll	STATE Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	UNERAL DIRECTOR Line Funeral Ho	14	Stown Mo	25a DA	TE REC'D. BY REGISTRAR	25b. REGJSTRA	AR'S BIGNAT	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE DECEASED NAME 2a. DATE KNOWN OF ESTI-(TYPE OR PRINT) INERAL DIRECTOR.

H. R. YOUR FILES.

WITHIN 72 HOURS DEATH MATED 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE AST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY MARRIED NEWER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Waitress 34 INSIDE CITY LIMITS? 13e STREET ADDRES 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE William Owens Mary Madary 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) James W. Yingling, Sr., 2701 Mt. Ventus APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a) PART I DEATH WAS CAUSED BY -RESPIR IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF ENSIVE CARDIOVASUA Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. RDIOVASULLAN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. ARDED TO THE CHIEF MEDIC ACE 3 SHOULD BE USED AS A ATE DEPARTMENT OF HEALTH 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 2) e PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, ETC.) WHILE STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion death resulted furth Hamicide Undetermined manner ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial Prospect Hill Cem. 6/16/87 Towsen Palto. 07/B4 BP. 25M 24 FUNERAL DIRECTOR 25h REGUGARAN SIGNATURE 250. DAI **DHMH - 17** Martin D. Lawson, 10 W. Padonia Rd. (VR A15 ME (5))

(1) 中央を対し、上には、145 1200 129 12.2 72.1634.74 MALES SECTION OF THE PARTY OF T Secretary and supplied that the second of th

nding physician and completely filled in by the funeral director, page 3 corban papers. Pages 1 and 2 shayld be filed within 72 hours after death

	STATE OF MA
57012JUN 10 17- FOR STATE REGISTRAR	DEPARTMENT OF HEALTH A CERTIFICATE

RYLAND AND MENTAL HYGIENS

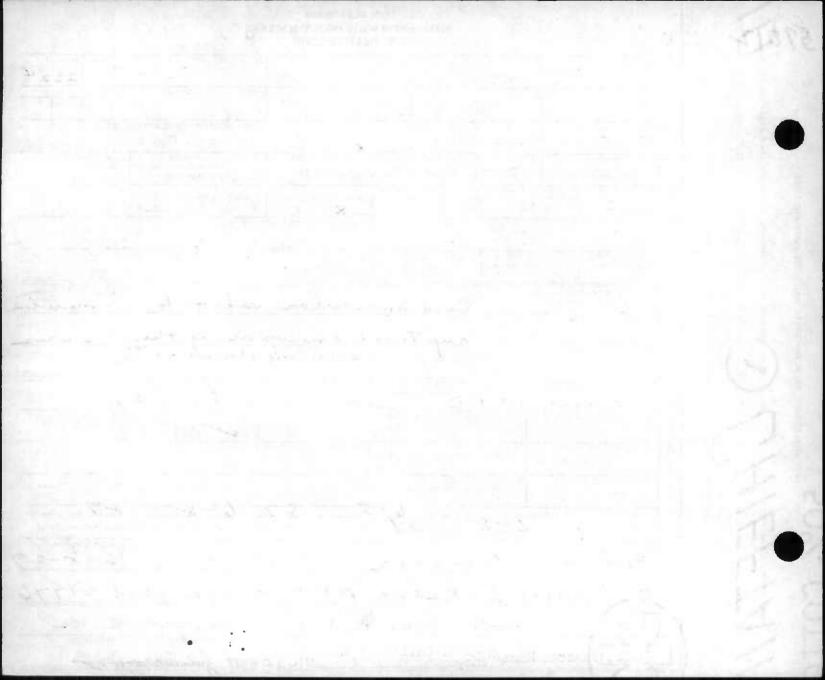
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	REGISTRAR					REG. NC				45	
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	Helen	Mari	.e	Pete	LS	6		- 0/		23	- 111
3. S		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER	DAYS	IF UNDER	24 HRS
	Female	Whi	.te	Oct	26, 1914	72	YRS.				
	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OF			ATH		
	Maryland	United	States	WIDOWE		Carroll	Coun	ty,			MD
	CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL OCCUPATION				F BUSINE	SS OR
	Westminster	Carro	oli Count	y Gen	. Hospital	Factory-wor			othi	ng	
30	JAL RESIDENCE (IF NURSING HON	AE OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)	1 13d. INSIDE CITY LIMITS?	112 STREET ADDRESS					
M	aryland Car	rroll	Taneytow		YES NO	65 Riffles	Lan	e (:	2178	37)	
4. F	ATHER'S NAME		LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE			LAST		
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0	WAS DECEASED EVER IN U.S.	. ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	556 A	ntri			
	(YES, NOR UNKNOWN) (IF YES	S. GIVE WAR OR DATES)	212-09-	4525	Linda Sauble	/ Taneytown					
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CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	OF DEAT	D TH?
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	OR CONTRIBUTING CAUSE O	PEAIN		AY YEAR							
MEDICAL	21d. INJURY OCCURRED	21e. PLACE		17	211. LOCATION				•		
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	220. I certify that (I) (this h	/ - (e deceosed from_	C-7	. 192	, 10		. 19_4		that (I) (
	sow the deceased alive above, (I) (we) (did) (die		ofter death.	. 01	nd that in (my) (our) apinion	death accurred on the do	te and he	our and fr	om the	couses ste	oted
	226. SIGNATURE				DEGREE			220	DATE	SIGNED	
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	226 PAYSICIAN'S NAME IN	TEE CALERONS	0	0	122e. ADDRESS	Director T suige					0
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	Burial	6-12-8	37 Me	eadow	Branch Cem.	Westminste	er,Ca	arrol	1, 1	Md.	STATE
4	FUNERAL DIRECTOR		1		25a. DAT	E REC'D. BY REGISTRAR	Sb. REGI	STRAR'S S	IGNAT	URE	
	Skiles Funera	al Home/m	136 EADDRBa	ltimo	re St.	20.	Kin	. 30	20	Ø7 :	,
		1101110/17	meytown,	Ma.2	18/ IIIN 1	THE CHANGE	1.11.64		d Car		P.

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been up should be detoched for use as the burial-transit permit. This with the State Dept. of Health and Mental Hygiene prior to MACOTANT: If them 21 is marked or them 18 shows any



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE # STATE REGISTRAN DECEASED NAME CTYPE DE PRINTI OF ESTI-DEATH MATED DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED WIDOWED DIVORCED [OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Sanitation Cubbage De STATE 113b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Westminster 21157 92 E. Main YES X NO T Carroll 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Petry Mabel was deceased ever in U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO 214-30-2089 Dorores Petry Korean 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A B OF HEALTH / JRIAL, CREMA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PACE 3 SHOULE OF STATE OF TO BURLA YES NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE Inspection 4 FUNERAL DIRECTOR: 220. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Hamicide Undetermined manner Natural causes Accident Suicide SIGNATURE (TYPE OR PRINT) 0 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY STATE 07/84 BP. Burial Pine Creek Uniontown Carroll 24 FUNERAL DIRECTOR 412 Washington Road K. Pritts, Sr., West 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Westminster.

Julia Davidson. Kandall

DHMH - 17

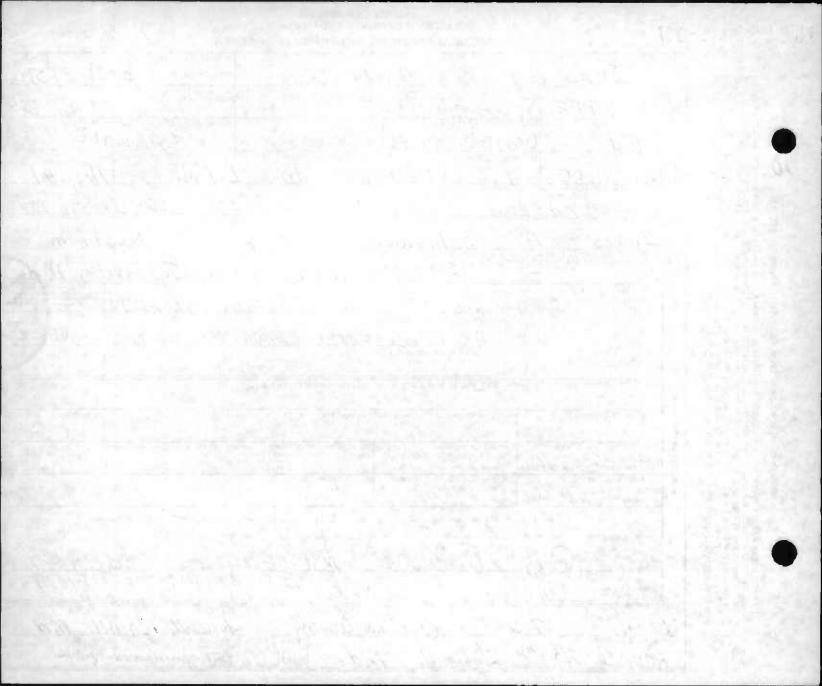
(VR A15 ME (5))

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HOSPITAL O cheel by the PUNERAL DI solid be defined th the State Di PORTANT, #3		22d. PHYSICIAN'S NAME (17PE	OR PRINT) EVOY	n	ATTENDING PHYSICIAN [MEDICAL STAI	IAN	6/5/2 SVILLE	MD.
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DHMH - 16 60M 7/84 (VRA 15, 4)

				STATE OF MARYLAND	
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0 0 3	0 0 000	7	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
			CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN	MONTH DAY WAS DE HOUR
	20.00E	(TAR	JEAN	CLUSTIAN CHUEIDEN DEATH MATED	D 6-79.87 Nm
	E CHIEFE	3. SE2		5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY 124 HOUR
	REC REC ST	41	RE WHITE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	1 29 cm mar
	TON	14/1		12 - 4-1914 72 YRS. DEAD	(0 - 2 1 190/ OBV R
	T SEE THE SE		RTHPLACE (STATE OR REIGN COUNTRY)	75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY	OR COUNTY OF DEATH
	AND RESERVED		1110	UNITED STATES WIDOWED DIVORCED & CI	GILILOLL MD.
(1)	る音楽品文	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (14 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	TYPE OF WORK 126 KIND OF BUSINESS
16	A PAR	5	HESVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) T2-6 OLD LIB FO. TY NY FOR MOST OF MORKING LIFE)	Hasartal
=	OF NOO	USU	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	2) 1/2/11/11
2120	IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNRRAL DIRECTOR. 3, RETAIN PAGE 5 FOR YOUR FILES. SAFOULD BEFAILED, WITHIN 72 HOURS A RECORDS 20 W PRESTON STREET,	13a. S	PAY MIN 36. COUR	13c CITY OR TOWN 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS 12 YES NOT 726	DILVERY DE
MD. 2		14 6	THER'S NAME	15. MOTHER'S MAIDEN NAME	HETHIN AV
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BALTIMORE		16. 1	- Ames	MED FORCES? 1166. SOCIAL SECURITY NO. 17. INFORMANT ADDRE	NUSBAUM
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	HOURS M 18. G NG WITI RMIT. PV (L.		18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ors	AND			DUE TO, OR AS A CONSEQUENCE OF	
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	ENCIL MINER TRANS NTAL	10	cause (a) stating the under		05 1-1-11-
201 W.	EXECUTED WITHIN NG" IN PENCIL'IN CAL EXAMINER. SEURAL-TRANS HAND MENTAL HAND MATION, OR REM		lying cause last.		
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N N	S S S S S S S S S S S S S S S S S S S	9	214 INJURY OCCURRED WHILE DOT WHILE	216 PLACE OF INJURY (AT HOME, STREET CITY OR TOWN	COUNTY STATE
۵	WARDE WARDE PAGE TATED 21201	-	AT WORK AT WORK		31412
	INER: THIS CERTIFICATE ICATE, WRITING THE WI ICATE, WRITING THE WI ICATE, PAGE 3 SHOULD B THE STATE DEPARTMEN AND, 21201 PRIOR TO B		22a Leartifu that I tack that	ge of the remains described above, held an Autopsy . Inspection . Inquiry	
	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE S AARYLAND,		the state of the s		and in my apinian 1
	REG BI		dealn resulted fram: Natu	ral causes , Accident , Suicide , Hamicide , Undetermined manner ,	
	200 2 - 5 €		ACTUAL (A)	DE DED MITTER (SPECIFY)	DATE / 27 4 637
	SHOE SHOE		SIGNATURE	M.D/SSI / MEDICAL EXAMINER	SIGNED
	O MEDICAL EXAMINER: T RECUTE THE CERTIFICATE, AGE A SHOULD BE FORW O FUNERAL DIRECTOR: P FIER DEATH, WITH THE ST ATTMORE, MARYLAND, 2	1	EXAMINER'S NAME	DONE T. UNEL TO WITSHING	10h HE16HIS
	EXECUTE PAGE 4 TO FUNE AFTER DE BACTIMO	72- 81	(TYPE OR PRINT)	ADDRESS WAS OF COMPANY OF THE PROPERTY OF THE	TER MAD
		230.0	IRIAL, CREMATION, REMOVAL	236. NAME OF CEMETERY OF CREMATORY 23d. LOCATION	A COUNTY STATE
07/84 25M	BP	24 5	INERAL DIRECTOR	1 2 0	Carrel ma
	DHMH - 17		11 Y/2	ADDRES III	GISTRAR'S SIGNATURE
	(VR A15 ME (5))		Alley Co. Mills	nt sykepialle 7/10. JUL 02 1987 Julia	Davidson-Handelle



58399	JUL -	51 g	FOR 7STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENES 7	Edutoria	7 2	8 4
eath be			CEASED NAME OR PRINT)		W.Virginia		hultz	20. DATE OF D	REG. NO. FEATH MONTH	DAY YEAR 23 87	26. HOUR 5 45
je 4 moy ctor, pog		3. SE		4 RACE Whit	e	5. DATE C		6. AGE IIN YEA	RS LAST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
eath. Pag neral dire	35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED		CITY OR COUN		ALD.
is after duby the fur	30	10-	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	R OTHER INSTITUTION	120 USUAL OC		126. KIND C	OF BUSINESS OR
JND 212	35	130.	AL RESIDENCE (IF NURSING HOAD) TATE Mary land Fre	ME OR OTHER INSTITUTION OUNTY Ederick	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Frederic	N.	13d. INSIDE CITY LIMITS	5? 13e.STREET AD 8 19 1	DRESS / ZIP CON	DE rket St.	21701
MARYLY MARYLY	100/	14. FA	THER'S NAME FIRST Elmer	MIDDLE	Cramptor	1	15. MOTHER'S MAIDEN	INAME	MIDDLE	Barne	ST
IMORE, oe execu	medicol	16a V	VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YE	ARMED FORCES? S. GIVE WAR OR DATES) None	219-20-48		17 INFORMANT 21320 Rid	Robert D	ADDRESS Engle	ceville.	20833 Md.
ST., BAL ertificate g physicic onpaper	event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse pe JUSED BY: DIATE CAUSE (a)				AMEST		APPROX BETWEEN	IMATÉ INTERVAL ONSET AND DÉATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed in the activities of physician. When this certificate has been signed by the attending physician and compensity that in by a six be brind-transity permit. The phose remove colonopapers. Pages I allowed by the attending physician and compensity that has please remove colonopapers. Pages I allowed by the place remove colonopapers.	r other troumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b)_ DUE TO, C	OR AS A CONSEQUE CEPTO. OR AS A CONSEQUE By Luc	PO V +		ower De	in		
ORDS, 20 requires to signed Then ple	injury, or other	NOI	PART 2. OTHER SIGNIFICA	NT CONDITIONS C		etun	NOT RELATED TO THE T	ERMINAL DISEASE (OR CONDITION G	IVEN IN PART 11	3
AL RECOR	S A	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPS	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES []	
SION OF VITA PHYSICIAN: TI anding physici this certificate th byticilicate and Amend Hansili	8		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A	OF INJURY I.M. MONTH DA	Y YEAR	21c HOW INJURY OC	CURRED (ENTER NATUR	E OF INJURY IN ITEM 18	3 PART 1 OR PART 2)	
OUTSION VG PHYS offendin fer this offendin hand Mond Mond Mond Mond Mond Mond Mond Mo	morked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ATTENDII spital or CTOR: A d for use	21 is		220 I certify that (I) (this h so deceased alive about II (ye) (did) (di	// .	()	2, or	d that in (my) (aur) apir	, to	on the date and ha	,	that (It (we) last causes stated
OR he had achee			22h Signature 3	. Man	lu n.		DEGREE ATTENDIN PHYSICIAI	G MEDICAL N DIRECTOR	STAFF PHYSICIAN []	22c DATE	SIGNED - 1/83
TO HOSPITAL retained by the TO FUNERAL should be determed to the States	02		22d PHYSICIAN'S NAME (T	YPE OR PRINT)	NALO, M.	0.	(1:80) The	gestral 1	rd. M	nessa, 1	w. 21770
BP	· «		URIAL, CREMATION, REMO	June :	27,1987 Sm	niths	emetery or cremato	ory Smith	sburg, W	ashing t	on, Md.
DHMH - 16 60/ (VRA 15, -		24 Ft	of East Churc	th, Keen	ey & Basfo	ord Fu	neral Hode	DATE REC'D BY REG	ISTRAR 25% REGIS	STRAR'S SIGNAT	JORE .

range restrictions and proper set to each contract of divil a recommend to the first the second of There were the state of the sta Market Commence of the Assessment of the Commence of the Comme · var et la martina de la companya d

2 1		FOR STATE REGISTRAR		DEPARTMENT OF HE CERTIFI	CATE OF DEAT	H	REG. N	. 1 7	2 8	÷
		OR PRINT) ANN	SHOWAC	TER	ST .	24	DATE OF DEATH	6 29	YEAR 26.	HOUR 3.10 _M
3	3. SEX	4	4 RACE	5. DATE OF	DAY Y	6.	AGE (IN YEARS LAST BI	YRS		URS MIN.
3	C	RTHPLACE (STATE OR FOREIGN DUNTRY) DELLEMOND IN d.	76. CITIZEN OF WHAT CO	MARRIED WIDOWEL	□ NEVER MARR	IED 🔟	BALTIMORE CITY C			MD
0	S CI	Setmente Md.	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O		0 4		USUAL OCCUPAT TYPE OF WORK FOR MOST	OF WORKING LIFE	KIND OF BL USTRY	ISINESS OR
5	Ja. S	Hd. 13 Bos	NTY 13 CITY	NCE PFORE ADMISSION)	13d Inside City Li. Yes 💢 No		STREET ADDRESS	V STE CODE	Rd - 2	1/13
30		THER'S NAME FIRST	(unkown)	LAST	15. MOTHER'S MAI		/widdie		Warri.	(ھ
2		(AS DECEASED EVER IN U.S. AS ES, NO OR UNKNOWN) (IF YES, GI NO	EVE WAR OR DATES)	-22-2180	Joanne Se	al 70	4 Grand V		t. 211	
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF	AWGIW LD TO	11.	AL DISEASE OR COM		IN PART 1/o	
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR	R WHICH OPERATION	WAS PERFORMED		200 AUTOPSY?		/ERE FINDINGS IG CAUSES OF I	
	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK	ATH HOUR A.M. MON	19 Y	21c. HOW INJURY 211 LOCATION STREET	OCCURRED	(ENTER NATURE OF INJU		(OUNTY	STATE
		22a. I certify that (I) (this hosp sow the deceased alive or	n a) view the body ofter deof	19, one	EGREE ATTEN	DING	th occurred on the d	ote and hour ar		(It (we) lost es stoted
1		22d. PHYSICIAN'S NAME (TYPE)		78	22e ADDRESS		RECTOR PHYSIC		SBURG	1. ND 2

BP.

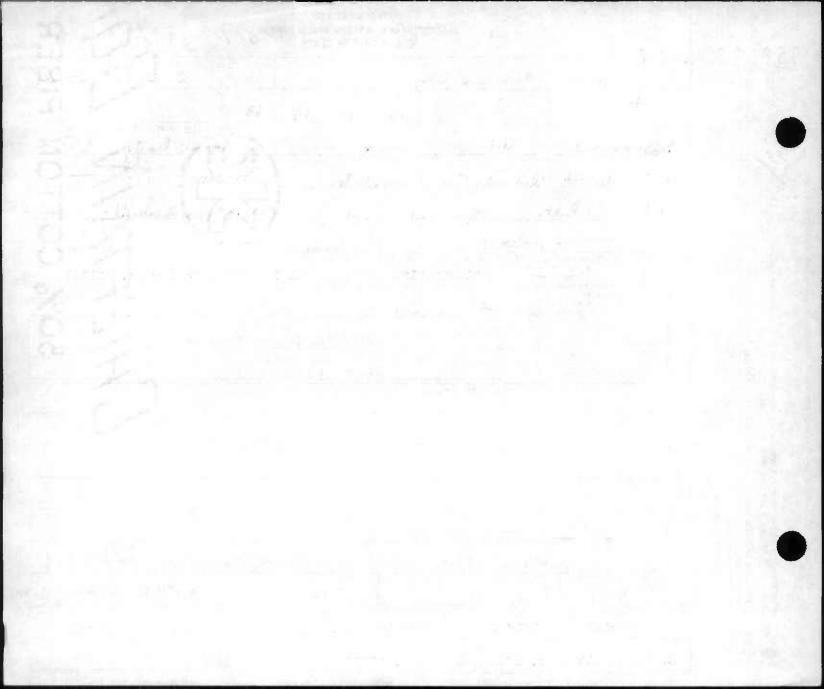
DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b DATE Burial 7/3/87 231. NAME OF CEMETERY OR CREMATORY Lakeview Mem. Pk.

Sykesville,

Maryland

24 FUNERAL DIRECTOR A. Alan Seitz, Jr. 3818 Roland Ave. 21211 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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moy

CERTIFICATION

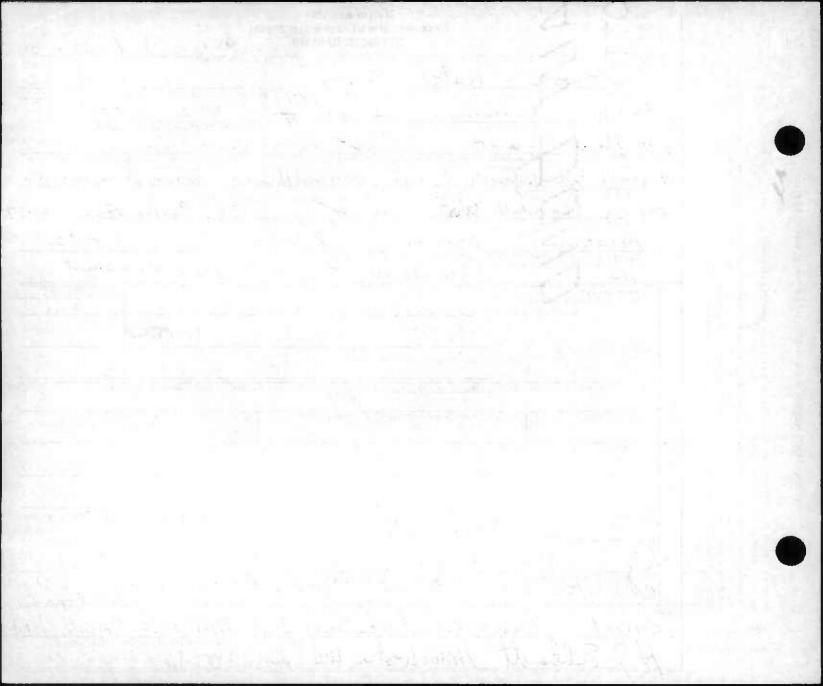
MEDICAL

23a

17	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8 kg. No. 17285
	CEASED NAME FIRST BESS!		DATE OF DEATH MONTH DAY YEAR 25. HOUR 1
3. SE			GE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 721 HRS MONTHS DAYS HOURS MIN.
1	RTHPLACE (STATE OR FOREIGN COUNTRY) MAYYAND ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BA WIDOWED DIVORCED	ALTIMORE CITY OR COUNTY OF DEATH CAVOIL COUNTY USUAL OCCUPATION 128 KIND OF BUSINESS OR
W	estminster	Carrell County General His Type Or OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Le OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retined Housewife
1	135.000	The mode of the state of the st	STREET ADDRESS ZIP CODE 184 Penn Ave 2/157 MIDDLE WENTZ
	VAS DECEASED EVER IN U.S. AF		Amission Pink Sheet
	PART I. DEATH WAS CAUSI	inly one cause per line for (a), (b), and (c). ED BY: VIE C AUSE (a) CANDO LE PRINCETORY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OWN TOWN
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	Onfortion
NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL I	DISEASE OR CONDITION GIVEN IN PART 1(a)
TIFICATION	190 DATE OF OPERATION		00 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ES NO YES NO NO

			YES [NO	YES [SES OF DEATH?
21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTERNA	ature of injur	RY IN ITEM 18 PART 1 OR PART	2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	wn COUNTY	STATE
27a. I certify that (I) (this haspital) saw the deceased alive on abave, (I) (we) (did) (did not) v	6/27 19 57 90	d that in (my) (aur) apinion	death accurre	ed on the do	19	the causes stated
276 SIGNATURE	and rapany	ATTENDING PHYSICIAN [MEDICAL	STAF	F _ C	ATE SIGNED
22d PHYSICIAN'S NAME (TYPE OR PR	Du NACONNA	700 A P	solo	Pd	warm	who
DET IEVI	236. DATE 236. NAME OF C	EMETERY OR CREMATORY Lutherau Cer	23d. LOC	ATION	hester Car	coll STAVE

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR

STATE	OF M	ARYL	AND

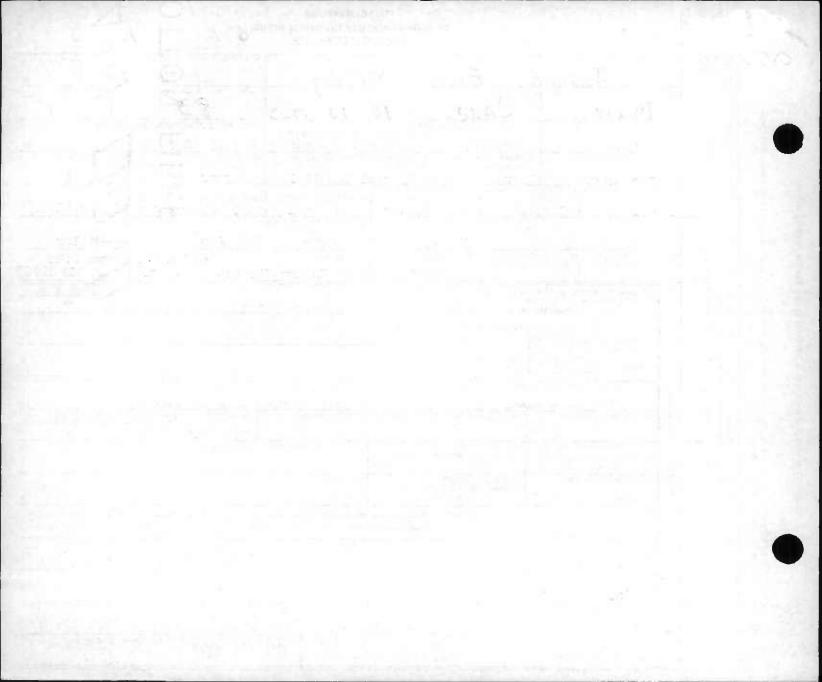
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

පි	1	REG. NO.	ı	1	2	8	
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1		RÉGISTRAR				CERTII	FICATE OF DE	ATH	REG. N	0.	6	0 1	
١		CEASED NAME OR PRINT)	FIRST	,	AIDDLE	-	LAST				DAY YEAR	26 HOU	R
	(1176	Jo:	sepl	5	Edward	7	trellia		June	30, 1	.987		М
1	3. SEX			4. RACE		5. DATE	· · · · · · ·		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER	
		Male		CA	uc.	MONT		1903	83	YRS.	MONTHS DAYS	HOURS	MIN.
2		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	D A NEVER MA		9 BALTIMORE CITY C	R COUNTY	OF DEATH		
-		rvland		U.S.	Α.	WIDOW			Carroll Co	٥.			MD.
0		TY OR TOWN OF DEA	TH	11. NAME OF H			OR OTHER INSTITU	JTION	12a USUAL OCCUPATI	ON	126. KIND C	F BUSINE	
1	We	stminster					al Hospit	tal	Farmer	· · · · · · ·	Farmi	ing	
1	USUA	L RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BE	FORE ADMISSION)	1134 INSIDECITY		13e.STREET ADDRESS	7 IP CODE			
1		ryland	Carr		Westmi				1410 Little			21157	
10		THER'S NAME		AIDDLE	LAST		15. MOTHER'S M	AIDEN NAA			LAS		
1		Edward		MODEL	Strevi	a	Mary		Anna			ller	
		AS DECEASED EVER		AED FORCES?	166. SOCIAL S	ECURITY NO.	17 INFORMANT		1410	SS Litt1	estown	Pike	==
	No	ES, NO OR GIAKINO WIN	(11/163, 0146	. WAR OR DATES	212-36	5-8039	Ruth Hai	lter S	Strevig V	Vestmi	nster,	MD 2	1157
		18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (o), (b)	, and (c).)	-				BETWEEN	IMATE INTER	VAL DEATH
		PART I. DEATH W		DBY: E CAUSE (o)	CERE	BRAL	THRO	mBo	515		1 m	ONTH	-
				DUE TO O	R AS A CONSE	QUENCE OF							
		Conditions, if ony,	which	(b)		402,102 01					101		
		gove rise to imn couse (o), stotin	nediote g the	DUE TO O	R AS A CONSE	QUENCE OF							
Ī		underlying couse		((c)	(AS A CONSE	GOEITCE OI							
		PART 2. OTHER SIGN	NIFICANT C	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 10	0	
	O	BRON	1cHOF	NEUMO	NIA		ASHD :	- ATR	IAL FIBRIL	LATIO	N		
7	CERTIFICATION	190 DATE OF OPERAT		196 COND	TION FOR WH	ICH OPERATIO	N WAS PERFORM	\ED	20a AUTOPSY?	20b. IF YES	S, WERE FINDIN	OF DEAT	H2
	RTIF								YES NO	YE		NO [
3	-	21g. ACCIDENT WAS UND			FINJURY M. MONTH	DAY YEAR		RY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)		
ź	CAL	(IF EITHER, NOTIFY MEDIC		111		19							
	MEDICAL	21d. INJURY OCCURE		21e PLACE	OF INJURY	ICE, FARM, ETC 1	21L LOCATION STREET		CITY OR TO	wN	COUNTY	SI	TATE
	~	AT WORK NOT WH	RK										
		22a I certify that (I)	Page 1		deceosed fro	em		19 57	, 10			thot (I) (w	and the same of th
		sow the decease obove, (1) (we) (c	ed olive on did) (did not		ofter deoth.	9 87 .0	nd that in (my) (or	ar) opinion o	death accurred on the de	ate and hou	r ond from the	couses sto	ted
		226 SIGNATURE	/	0/	7		DEGREE	CNIDING	MEDICAL STA		22t. DATE	SIGNED	
		Threen	50	194	zeve	~ M	PH'	ENDING YSICIAN (E	MEDICAL STAI	IAN 🗌	6/3	0/8	7
	-	22d. PHYSICIAN'S NA					22e. ADDRESS						
		Vincent	J. Fi	occo, N					, Westmins	cer, M	1D 2115	57	
		URIAL, CREMATION,	REMOVAL				CEMETERY OR CRE		23d LOCATION		COUNTY	<	TATE
	Bu	urial		7/2/87			t Valley	Cem.	Pleasant	√alley	, Carro	511,	MD
		NERAL DIRECTOR		-	TOOE.	Baltim	ore St.	25a. DATE	REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE	la
	5	Skiles Fund	eral H	iome	Taney	town, M	D 21787	100	_ 06 1987				

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, it



othe

is morked

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

COUNTRY

USUAL RESIDENCE

4. FATHER'S NAME

10 CITY OR TOWN OF DEATH

RANC

TATE OR FOREIGN

WAS DECEASED EVER IN U.S. ARMED FORCES?

18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:

4 RACE

7b. CITIZEN OF

11. NAME OF

MIDDLE

(IF YES, GIVE WAR OR DATES) NO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	IENB / I	7 2 8	3
TALL.	20. DATE OF DEATH MONTH	20 87 C	7:38 M
5. DATE OF BIRTH MONTH DAY YEAR 3/ O	6 AGE (IN YEARS LAST BIRTHDAY) 86 YRS	MONTHS DAYS	FUNDER 24 HRS
WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	, ,	MD.
HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE FACILITY, GIVE STREET ADDRESS! THE FIELD HOSP CENTE	12d USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING UNable to	12b. KIND OF E INDUSTRY WORK	
GIVE RESIDENCE BEFORE ADMISSION) 136 INSIDE CITY LIMITS? YES NO.	St. Rt. 32	217	84
TALL ALEXINA	a. M	Hari	per
220-54-6022 Stanley Tal	Rt. I Bo	0x 311	3
ARDIO-ROSP. a	mest	APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
RAS A CONSEQUENCE OF CORdiac-	ARRHY	THMIA	
RAS A CONSEQUENCE OF ACIDOSIS	S, In crease	BUN.	
ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI		GIVEN IN PART 10	
	under menglit	Nain	he Jeeding
	YES NO		S USED NO [
DF INJURY M. MONTH DAY YEAR M. 19	ED (ENTER NATURE OF INJURY IN ITEM	8 PART 1 OR PART 2)	
OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
e declosed from 4/2, 1925 6 20 19 57, and that in (my) (our) aprinion d	eath occurred on the date and h	-	ot (I) (we) lost uses stoted
DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIG	O/87
OMB SPRINGFIE	- 11.0	TER	
234. NAME OF CEMETERY OR CREMATORY	23d LOCATION		

IMMEDIATE CAUSE (DUE TO. O Conditions, if ony, which (b)__ gove rise to immediate couse to, stoting the DUE TO, O underlying couse lost. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 190. DATE OF OPERATION 19b. COND 21a. ACCIDENT WAS UNDERLYING 21b. TIME C HOUR A OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE (AT HOME, ST NOT WHILE 22a I certify that (I) (this hospital) attended th sow the deceased alive on above, (I) (we) (did) (did not) view the body 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OF PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE ark

250. Date REC'D. By REGISTRAP S. REGISTRAP'S SIGNATURE

100. Date Rec'D. By Registrap S. Registrap's Signature

100. Date Rec'D. By Registrap S. Registrap's Signature burial 6/25/87 Dor Memorial Park 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

THE RESIDENCE OF THE PARTY OF T THE RESERVE OF THE PARTY OF THE

TO HOSPITAL OR ATTENDING retained by the hospital or an

TO FUNERAL DIRECTOR, when should be detrached for one milk with the State Dept. of Health or IMPORTANT. If Hem 21 is marken

DHMH - 16 60M 7/84 (VRA 15, 4)

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filled in by the funeral director. p

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	1	1	7	2	8	-
	REG. NO.					

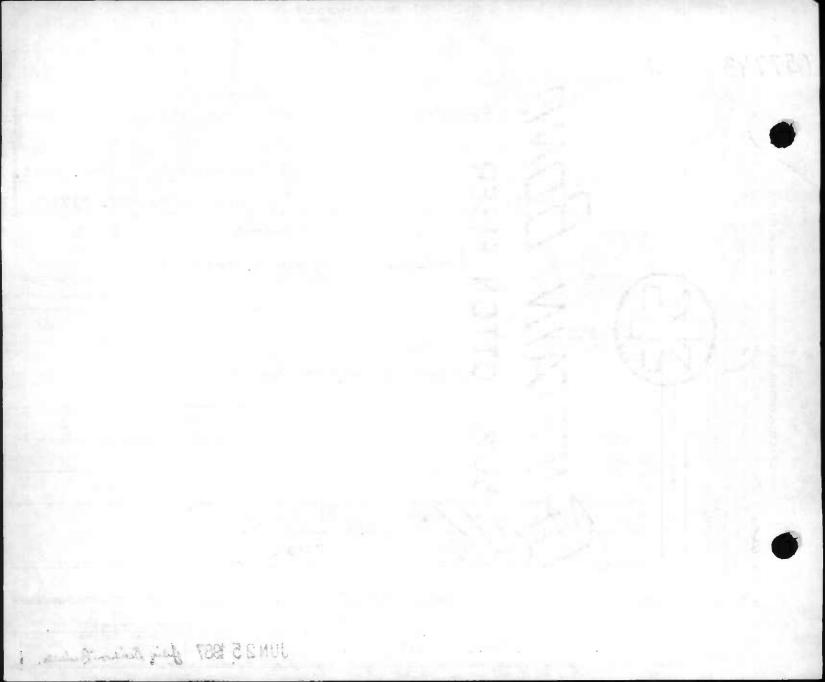
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								
		CEASED NAME OR PRINT)	OI FO N.	LAST LAST	and the second	ATE OF DEATH MONTH	OAY YEAR 26 HOUR	7.
	0.054	ORPRINT) CHAL	A RACE	47 HUZ 4	IALTZ	E (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HI	
	3. SEX	INIE	INHITE	S. DATE OF BIRTH	1.67 9	17	MONTHS DAYS HOURS MI	
200	70 BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	9 BA	LTIMORE CITY OR COL	UNTY OF DEATH	
3	W	BRYLAND	USA	MARRIED A NE	DIVORCED [CA	eroll.	MD.
)	18 CI	ESTH INTER	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER STREET ADDRESS)	INSTITUTION 12a. (TYPE	OF WORK FOR MOST OF WORK MEChanic	INDUSTRY Tarmer	OR
100	USUA 13a, S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN			DE CITY LIMITS? 13 . S	TREET ADDRESS / ZIP	cope 2/152 1	~
)	M	HUYLAND CH	122014 WE	STHING	HER'S MAIDEN NAME	2644	OLD WASH	1 AY
	14. FA		MIDOLE Waltz		Julia	WIDOFE	LAST	
1		AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFO		stmingter	Wagner Md. 21157	
	3	Jes (IF YES, GIV	WII 215-1	L4-1210 Maj	ry M. Walt	z, 2644 0.	ld Washington	
Control of the Contro	NO	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF		DISEASE OR CONDITION	N GIVEN IN PART I to	— —
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS P		a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED EATH? VES NO	
7		21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	W INJURY OCCURRED (
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		STREET	CITY OR TOWN	COUNTY	
	1	22a. I certify that (I) (this haspi	_ //V / / Y	rom	(my) (our) opinion death	o So NE	d haur and from the causes stated	lost
-		above, (I) (worklid) (did no 22b. SIGNATURE	Allow the bady after death.	DEGREE BY MD	ATTENDING PHYSICIAN DIR	DICAL STAFF ECTOR PHYSICIAN [22. DATE SIGNED 6-18-97	,
		DANIEL	I WELL	MARNO	DRESS Z P & W	BEHING	TON ROAD	2
	23a. B	GURIAL, CREMATION, REMOVAL SPECIFY) Burial		23c. NAME OF CEMETERY	OR CREMATORY 73			
	(Durtal	6/22/87	7.ion Mod		d. LOCATION CITY OR TOWN	COUNTY STATE	
		UNERAL DIRECTOR	6/22/87 412 Washir	Zion Met	thodist	Vestminste		

CHARLES BATHUR WHITE JUNE 18 PET 23 58 MALLE I SIESA DE LAKERY CHARLES WELL WILLIAM TO PARTHMENT BUT TO THE PROPERTY OF THE PROPERTY MERYLAND CAPACILL WESTHINGER - 2114 N.D CHERRING LATELLISMA OF COME 1 TEM 18 300 30 July 31 3100 1 Wester Medica no constitute the THE PARTY OF THE PROPERTY OF

Westminster. MD

DHMH - 17

(VR A15 ME (5))



	1-	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH	0 /	EG. NO.	7 2	9
moy be,		EASED NAME FIRST	MIDDLE 4	YEL IS DATE	TON	6/27/	ATH MONTH		2b. HOUR AM
rector.	1	(ALE	Whit	E OF		3 64	YRS.	MONTHS DATS	HOURS MIN.
death. Per 72 ho	70. BI	puntry (andina	76. CITIZEN OF WHAT	A MARRIE WIDOW		o Ca.	CITY OR COUNTY		MD.
s ofter death. by be funeral filed withing 72	MA	stainste-	11. NAME OF HOSP	ITY GIVE STREET ADDRESS)	or other institution	12a USUAL OCC	MORTOF WORKING LIE	12b. KIND OF VINDUSTRY	decker
filled in mussible	13a	ATE 13b 20L		ESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMIT YES NO		RUSS / ZIP CODE	large Ro	2115,
MARYL Maletely and string	14. FA	THER'S NAME	MIDDLE	Hon	15. MOTHER'S MAIDER	/ MI	DDLE .	Tor/pack	
triMore, be execution and co	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES 166 S	3-38-1639	Helan I	· Yelfon	Sake	as the	13
f., BA	7	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line for ED BY: ATE CAUSE (a)	ARd 10-1	ULKONA	RY AR	AEST	APPROXIMA BETWEEN ON	ATE INTERVAL NSET AND DEATH
201 W. PRESTON Series that the death ce ned by the attending to please removes arb. vivial, creption, or ry, or other training.		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A	A CONSEQUENCE OF		CER TERMINAL DISEASE OF	CONDITION GIV	EN IN PART TO	
n. nos been si permit. The prior to	CERTIFICATION	19a DATE OF OPERATION	19b CONDITION	FOR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY	IN CERTIF	S, WERE FINDING YING CAUSES C	
SION OF VITAL PHYSICIAN: The ending physicio this certificate h be buriol-tronsit ad Mental Hygie d or Hern48 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M.	MONTH DAY YEAR 19	21c. HOW INJURY OF	CCURRED (ENTER NATURE			
DIVISION OF PHYSIC Spiral or other this cer (CTOR: After this cer of for use as the burion. of Health and Ment in 21 is marked or let	ME	WHILE NOT WHILE AT WORK 22a I certify that (1) (this has	(AT HOME, STREET, FA	eased from	STREET 19_	, tob(THE date and hou		nat () (we) last
OR OR DIRE		sow the deceased alive of obave. (If (we) (alid) (did not be seen as a seen alive of the seen alive of	ella	death.	DEGREE ATTENDI	NG MEDICAL DIRECTOR		C DATES	
TO HOSPITAL retained by the TO FUNERAL should be detriment the State lawform the State lawform and the State l		CRISTIA	N S. AL	BA, MA	19 R	dgE K	d, we	57/11	NEWS 2
BP	23a 1	BURAL, CREMATION, REMOVA	123b. DATE 6-14-19	87 Like Vie	W PREASE	Park Elder	Sys (Carrall	18
DHMH - 16 60M 7/84 (VRA 15, 4)	74 1	NAME OF PLAN	le + Sox	ADDRESS & FA	ik) to 250	2 4 198	STRAR 256 REGIST	Dander K	andass

Roth Carlon USA Withouter Court Court from the Miles By That I Take property Court Wisherston is 24 Historitary 15 2452 Sant Wilter Spiles Hole I. Alle See of Pollers EM 1957 Lot the from I fet Elderbory Coroll The I there is a distant in set he has